Rec'd

No. .....

Commonwealth of Massachusetts.

236

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | Jan. 14th 1898 |
| 2. Name, . . . . . | Cecil Roy Shepherd |
| (Maiden Name),* . | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | Male – Single |
| Married, or Widowed, | |
| 4. Color,† . . . . . | White |
| 5. Age, . . . . . | Years, 4 Months, 11 Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | Bronchitis |
| Duration of Sickness, . | |
| By whom certified, . | F. E. Varney M.D. |
| 7. Residence, . . . . | North Chelmsford Mass. |
| 8. Occupation, . . . . | |
| 9. Place of Death, . . . | North Chelmsford " |
| 10. Place of Birth, . . . | North Chelmsford " |
| 11. Name of Father, . . | George E. Shepherd |
| 12. Name of Mother, . . (Maiden Name), | Gertrude E (Moore) Shepherd Ireland |
| 13. Birthplace of Father, . | Temple, Maine. |
| 14. Birthplace of Mother, . | North Chelmsford Mass |
| 15. Place of Interment, . | Arthur H. Sheldon |
| *Signature of Undertaker or other person making the Return*, . . . . | |

DATED at North Chelmsford, Jan 14th, on 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Jan. 1895.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Ree

237

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

## To the Board of Health and the Clerk of the City of Lowell.

☞Undertakers *must* must make this return before the burial or removal of the deceased.

Date of Death, Jan 15 189 8 . Name, Joseph Désirée Gagnon

~~Maiden Name,~~ ..... Sex, — male; Color, White

Single, ~~Married or Widowed,~~ Age, —— years, —— months, 16 days.

Name of Attending Physician, Dr Schiller

Residence of Deceased — No. Chelmsford Center ~~Street, (or Corporation)~~, Ward

Occupation, Husband's Name,

Place of Death — No. Chelmsford center ~~Street, (or Corporation)~~, Ward

Birthplace of Deceased, Chelmsford center

Father's Name, Ursime Gagnon Father's Birthplace, Canada

Mother's Name, Clara " Mother's Birthplace, Lowell

Mother's Maiden Name, " Lacombe

Place of Interment, Chelmsford Cemetery, Range , Lot , Grave,

Signature of Undertaker or Informer, Joseph Albert

Dated at Lowell, this 16 th day of January 189 8

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, ~~Joseph~~ Jan - 15 189 8

Name and Sex of Deceased, Joseph Desire Gagnon male.

Place of Death — No. Chelmsford Center ~~Street, (or Corporation)~~.

(When the child is still-born, so specify.)

Disease or Cause of Death, Premature birth duration of *

Complications, General Debility

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Dr L C Schiller

Residence, No. 570 Merrimack Street,

Dated at Lowell, this 16 day of Jan — 189 8

# RETURN OF DEATH

OF

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*189*.....

238

PLEASE FILL OUT WITH INK.

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death Jan 18 1898 Name, Jerome B. Gilbert.

Maiden Name ..... Sex, male; Color, White

Single, Married or Widowed, Married, Age, 71 years, 6 months, 17 days.

Name of Attending Physician, Dr. Conway

Residence of Deceased—No. 6 Chelmsford Center, Street (or Corporation), Ward

Occupation, Retired Husband's Name, ..... .

Place of Death—No. Chelmsford Street (or Corporation), Ward

Birthplace of Deceased, Leeds Maine,

Father's Name, Not known Father's Birthplace, Maine

Mother's Name, " " Mother's Birthplace, "

Mother's Maiden Name, " "

Place of Interment, Edson Cemetery, Range ....., Lot ....., Grave, .....

Signature of Undertaker or Informer, C. W. Young & Co.

Dated at Lowell, this 18th day of Jan 1898

## PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Jerome B. Gilbert. *Age,* 71 yrs 6 ms 17 ds

*Date and Place of Death,†* - *died at* Chelmsford Mass *Jan* 18 *189*8

*Disease or Cause of Death,* - *of* Pleurisy and Heart

*(Primary and Secondary.)‡*

*Duration of Sickness,* - - Three Days

*I certify that the above is true, to the best of my knowledge and belief.*

*Signature and Residence of Certifying Physician,* Charles A. Conway M.D.

Chelmsford Mass. *Date of Certificate,* Jan 19th 1898

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896.—5,000.

stating to the best of ——— knowledge and belief the fact that such a child died there ——— been dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

239

Rev

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

## To the Board of Health and the Clerk of the City of Lowell.

☞Undertakers *must* must make this return before the burial or removal of the deceased.

Date of Death, Jan 25 1898 Name Victoria Miner

Maiden Name ..... Sex, ..... male; Color, .....

~~Single~~, Married or ~~Widowed~~, Age, 44 years, 11 months, ..... days.

Name of Attending Physician, Dr Varney

Residence of Deceased — No. North Chelmsford Street, (or Corporation), Ward .....

Occupation, at Home Husband's Name, .....

Place of Death — No. North Chelmsford Street, (or Corporation), Ward .....

Birthplace of Deceased, Canada P. Q.

Father's Name, Olivier Gow Father's Birthplace, Canada

Mother's Name, Ellen " " Mother's Birthplace, .....

Mother's Maiden Name, Bergen

Place of Interment, East Chelmsford Cemetery, Range ....., Lot ..... Grave, ...

Signature of Undertaker or Informer, James F. O'Donnell

Dated at Lowell, this 25 day of Jan 1898

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, Jan 25th 1898

Name and Sex of Deceased, Victoria Miner ..... male.

Place of Death — No. North Chelmsford Street, (or Corporation).

(When the child is still-born, so specify.)

Disease or Cause of Death, Puerperal Fever duration of * four days.

Complications, .....

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, D. E. Varney

Residence, No. North Chelmsford Street, .....

Dated at Lowell, this 25th day of January 1898

RETURN OF DEATH

OF

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189.

Rel

No. .....

Commonwealth of Massachusetts.

240

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | Jan. 25th 1898 |
| 2. Name, . . . . . | George E. Trubey |
| (Maiden Name),* . | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | Male |
| Married, or Widowed, | Married |
| 4. Color,† . . . . . | White |
| 5. Age, . . . . . | 66 Years, 6 Months, Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | Pulmonary Hemorrhage resulting from heart disease. |
| Duration of Sickness, . | 3 or 4 years |
| By whom certified, . | F. E. Varney M. D. |
| 7. Residence, . . . . | North Chelmsford Mass. |
| 8. Occupation, . . . . | Stone Cutter |
| 9. Place of Death, . . . | North Chelmsford |
| 10. Place of Birth, . . . | England |
| 11. Name of Father, . . | John Trubey |
| 12. Name of Mother, . . (Maiden Name), | Joanna (Stanberry) Trubey |
| 13. Birthplace of Father, . | England |
| 14. Birthplace of Mother, . | England |
| 15. Place of Interment, . | North Chelmsford |
| *Signature of Undertaker or other person making the Return*, . . . . | Arthur H. Sheldon |

DATED at North Chelmsford, on Jan. 25th 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Jan. 1895.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Rec

No. 241

Commonwealth of Massachusetts.

# RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, | Jan. 26 1898 |
| 2. Name, | Louisa Mitchell |
| (Maiden Name),* | " " |
| (Name of Husband),* | not married |
| 3. Sex, and whether single, | single (female) |
| Married, or Widowed, | |
| 4. Color,† | white |
| 5. Age, | 64 Years, 3 Months, 21 Days. |
| Disease or Cause of Death, (Primary and Secondary),‡ | old age. |
| 6. Duration of Sickness, | |
| By whom certified, | |
| 7. Residence, | Bridgewater, Mass |
| 8. Occupation, | at home |
| 9. Place of Death, | Chelmsford, Mass |
| 10. Place of Birth, | Bridgewater Mass |
| 11. Name of Father, | Maj. Theodore Mitchell |
| 12. Name of Mother, (Maiden Name). | Rebecah Newton |
| 13. Birthplace of Father, | Bridgewater, Mass |
| 14. Birthplace of Mother, | Brookfield Mass |
| 15. Place of Interment, | Bridgewater Mass |
| *Signature of Undertaker or other person making the Return,* | Albert P Parham |

DATED at Chelmsford, on Jan 27 1898.

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec., 1896.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Rec

242

Commonwealth of Massachusetts.

No. .....

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | Jan. 29, 1898 |
| 2. Name, . . . . . | Eli P. Parker |
| (Maiden Name),* . | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | |
| Married, or Widowed, | Widowed |
| 4. Color,† . . . . . | White |
| 5. Age, . . . . . | 86 Years, 9 Months, Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | Apoplexy |
| Duration of Sickness, . | Twelve days |
| By whom certified, . | Dr. Scaboria |
| 7. Residence, . . . . | So. Chelmsford |
| 8. Occupation, . . . . | Carpenter |
| 9. Place of Death, . . . | So. Chelmsford |
| 10. Place of Birth, . . . | So. Chelmsford |
| 11. Name of Father, . . | Eli Parker |
| 12. Name of Mother, . . (Maiden Name), | Elizabeth Bowers |
| 13. Birthplace of Father, . | |
| 14. Birthplace of Mother, . | |
| 15. Place of Interment, . | Chelmsford |
| *Signature of Undertaker or other person making the Return*, . . . . | Daniel P. Byam |

DATED at So. Chelmsford, on Jan. 29, 1898.

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Jan. 1895.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

243

Rec

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞Undertakers *must* must make this return before the burial or removal of the deceased.

Date of Death, Oct 24 189 8 Name, Herman Miner

Maiden Name, ..... Sex, male; Color, .....

Single, ~~Married or Widowed,~~ Age, — years, — months, 13 days.

Name of Attending Physician, Varney

Residence of Deceased — No. North Chelmsford Street, (or Corporation), Ward .....

Occupation, — — — — Husband's Name, — — — —

Place of Death — No. North Chelmsford Street, (or Corporation), Ward .....

Birthplace of Deceased, " " "

Father's Name, Henry Miner Father's Birthplace, Canada

Mother's Name, Victoria " " Mother's Birthplace, " "

Mother's Maiden Name, " Gow

Place of Interment, St Joseph's Cemetery Cemetery, Range ..., Lot ..., Grave, ...

Signature of Undertaker or Informer, James F. O'Donnell

Dated at Lowell, this 4th day of Feb 189 8

RETURN

Rec

No. .....

Commonwealth of Massachusetts.

244

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | Feb. 4th 1898 |
| 2. Name, . . . . . | Caroline W. Roby |
| (Maiden Name),* . | " Wheeler |
| (Name of Husband),* | Christopher Roby |
| 3. Sex, and whether single, | Female |
| Married, or Widowed, | Widow |
| 4. Color,† . . . . . | White |
| 5. Age, . . . . . | 74 Years, 5 Months, 24 Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | Heart Disease |
| Duration of Sickness, . | Supposed to be instant death |
| By whom certified, . | F. E. Varney M. D. |
| 7. Residence, . . . . | West Chelmsford |
| 8. Occupation, . . . . | Housekeeper |
| 9. Place of Death, . . . | West Chelmsford |
| 10. Place of Birth, . . . | Chelmsford Mass |
| 11. Name of Father, . . | William W. Wheeler |
| 12. Name of Mother, (Maiden Name), . . | Sally (Pelsue) Wheeler |
| 13. Birthplace of Father, . | Acton Mass |
| 14. Birthplace of Mother, . | Chelmsford Mass. |
| 15. Place of Interment, . | West Chelmsford Mass. |
| *Signature of Undertaker or other person making the Return*, . . . . | Arthur H. Sheldon |

DATED at Chelmsford, on Feb. 7th 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Jan. 1895.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. 245

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, | Feb. 14th 1898 |
| 2. Name, | Abby H. Sleeper |
| (Maiden Name),* | " " McMurphy |
| (Name of Husband),* | Solomon S. Sleeper |
| 3. Sex, and whether single, | Female |
| Married, or Widowed, | Widow |
| 4. Color,† | White |
| 5. Age, | 89 Years, 10 Months, Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | Senile Gangrene |
| Duration of Sickness, | |
| By whom certified, | F. E. Varney M.D. |
| 7. Residence, | North Chelmsford Mass |
| 8. Occupation, | — |
| 9. Place of Death, | North Chelmsford Mass. |
| 10. Place of Birth, | Alexandria N.H. |
| 11. Name of Father, | John McMurphy |
| 12. Name of Mother, (Maiden Name), | Abigail (Hoyt) McMurphy |
| 13. Birthplace of Father, | Derry N.H. |
| 14. Birthplace of Mother, | Salisbury N.H. |
| 15. Place of Interment, | North Chelmsford Mass. |
| *Signature of Undertaker or other person making the Return,* | Arthur H Sheldon |

DATED at N. Chelmsford, on Feb. 15th 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Rec'd No. Commonwealth of Massachusetts. 246

# RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, | Feb 14th 1898 |
| 2. Name, | Edwin H. Warren |
| (Maiden Name),* | |
| (Name of Husband),* | |
| 3. Sex, and whether single, Married, or Widowed, | M M |
| 4. Color,† | |
| 5. Age, | 73 Years, 10 Months, 7 Days. |
| (Disease or Cause of Death, (Primary and Secondary),‡ 6. Duration of Sickness, | General Tuberculosis General years |
| (By whom certified, | Amasa Howard M.D. |
| 7. Residence, | Chelmsford Mass |
| 8. Occupation, | Farmer |
| 9. Place of Death, | Chelmsford Mass |
| 10. Place of Birth, | Chelmsford " |
| 11. Name of Father, | Ephraim Warren |
| 12. Name of Mother, (Maiden Name), | Esther Carlton |
| 13. Birthplace of Father, | Chelmsford Mass |
| 14. Birthplace of Mother, | Billerica " |
| 15. Place of Interment, | Chelmsford " |
| *Signature of Undertaker or other person making the Return,* | Albert P. Perham |

DATED at Chelmsford Mass, on Feb 15th 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

Be very particular to fill all Blanks.

Plate. Ed. Dec., 1896.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. 247

# RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, | Feb 25 1898 |
| 2. Name, | Harold W Smith |
| (Maiden Name),* | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | M |
| Married, or Widowed, | |
| 4. Color,† | |
| 5. Age, | 3 Years, 9 Months, 12 Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | |
| Duration of Sickness, | |
| By whom certified, | |
| 7. Residence, | Chelmsford. |
| 8. Occupation, | |
| 9. Place of Death, | Chelmsford |
| 10. Place of Birth, | " |
| 11. Name of Father, | Fred P Smith |
| 12. Name of Mother, (Maiden Name), | Alice Smith |
| 13. Birthplace of Father, | Me |
| 14. Birthplace of Mother, | Ludlow Mass |
| 15. Place of Interment, | Chelmsford |
| *Signature of Undertaker or other person making the Return*, | Albert P Parham |

DATED at Chelmsford, on Feb 26 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec., 1896. – 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Rec

248

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

## To the Board of Health and the Clerk of the City of Lowell.

☞Undertakers *must* must make this return before the burial or removal of the deceased.

Date of Death, April 6 189 8 . Name, Marie Tremblay

Maiden Name, ..... Sex, Fe male; Color, White

Single, Married or Widowed, ..... Age, — years, — months, 3 days.

Name of Attending Physician, Dr Rochette

Residence of Deceased — No. Chemsford Center Street, (or Corporation), Ward .....

Occupation, — Husband's Name, .....

Place of Death — No. Chemsford Center Street, (or Corporation), Ward .....

Birthplace of Deceased, " "

Father's Name, Jules Tremblay Father's Birthplace, Canada

Mother's Name, Anne — Mother's Birthplace, .....

Mother's Maiden Name, — Fortin

Place of Interment, Chemsford Cemetery, Range , Lot , Grave, .....

Signature of Undertaker or Informer, Joseph Allen

Dated at Lowell, this 6 day of April 189 8

---

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, April 6 189 8

Name and Sex of Deceased, Marie Tremblay male.

Place of Death — No. Chemsford Center Street, (or Corporation).

(When the child is still-born, so specify.)

Disease or Cause of Death, Debility duration of * .....

Complications, .....

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Dr Brochette

Residence, No. 240 Merrimack Street, .....

Dated at Lowell, this 6 to day of April 189 8

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before ma.. when the deceased is a female, and when the deceased is colored please insert]

# RETURN OF DEATH

OF

.....

*189*.....

Commonwealth of Massachusetts.

No. .....

249

# RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | April 9 |
| 2. Name, . . . . . | Still-born |
| (Maiden Name),* . | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | Female |
| Married, or Widowed, | |
| 4. Color,† . . . . . | |
| 5. Age, . . . . . | Years, Months, Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ Duration of Sickness, . | |
| By whom certified, . | Dr Howard |
| 7. Residence, . . . . | Chelmsford |
| 8. Occupation, . . . . | |
| 9. Place of Death, . . . | Chelmsford |
| 10. Place of Birth, . . . | " |
| 11. Name of Father, . . | Erwin E Smith |
| 12. Name of Mother, . . (Maiden Name), | Carrie A Paston |
| 13. Birthplace of Father, . | Lowell Mass |
| 14. Birthplace of Mother, . | Chelmsford |
| 15. Place of Interment, . | " |
| *Signature of Undertaker or other person making the Return*, . . . . | A P Parham |

DATED at Chelmsford, on April 9th 1878

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

**[Be very particular to fill all Blanks.]**

Plate. Ed. Dec., 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Rec

Commonwealth of Massachusetts.

250

No. .....

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | April 16 1898 |
| 2. Name, . . . . . | Charles L. Reed |
| (Maiden Name),* . | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | Male |
| Married, or Widowed, | Married |
| 4. Color,† . . . . . | |
| 5. Age, . . . . . | 62 Years, 11 Months, 17 Days. |
| 6. Disease or Cause of Death, (Primary and Secondary), ‡ | Cancer |
| Duration of Sickness, . | 10 weeks |
| By whom certified, . | E. H. Chamberlain M. D. |
| 7. Residence, . . . . | Chelmsford |
| 8. Occupation, . . . . | Farmer |
| 9. Place of Death, . . . | Chelmsford |
| 10. Place of Birth, . . . | Chelmsford |
| 11. Name of Father, . . | Joseph Reed |
| 12. Name of Mother, . . (Maiden Name), | Eunice Spaulding |
| 13. Birthplace of Father, . | Westford Mass |
| 14. Birthplace of Mother, . | Cavendish Vt |
| 15. Place of Interment, . | Chelmsford |
| *Signature of Undertaker or other person making the Return*, . . . . | Wm. J. Perham |

DATED at Chelmsford, on April 17 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

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A.


Adams Laura A. 15
Ashworth James 86
Anderson Andrew 129
Agnew Alice L. 137
Adams Timothy 164
Adams Clara A. H. 176
Ayer James H. 224


B


Page

Brennan Arthur 8
Brown Hiram J. 21
Brett Mary 31
Blood Samuel 34
Bray Alice 44
Butters George E. 47
Bussell Emma L 89
Brown Ronald E 117
Butterfield Hannah F. 118
Brenner William 123
Bartlett Charles E. A. 142
Boynton James 143
Brown Janet M 139
Bowley Charles W. 186
Boudreau Isaiah 189
Blood Martha A. 208
Brown Mary 222
Bielson ..... 225
Blodgett Frederick W. 233
Bean ..... 237
Brown Frances L 242

C


Carter William F. 28
Carkin Cordelia 49
Cook Sarah N. 53
Corrigan Ann 56
Chandler Willie 90
Cook William 98
Carlson Nellie 105
Coburn Betsey 125
Cook May 213
Carlton Electra M. 215


D


Duffy Thomas P. 4
Dunn Vera Leslie 5
Davis Allen F. 13
Dann Melvin E. 18
Duffy Mary 24
Durant Thomas 26
Duffy Thomas P. 38
Durant George E. 68
Durell Clifford 80
Downs Fred 84
Dunn Geneva F. 97
De Carteret Ann M. 119
Downs Maude M. 126
Daley Daniel 136
Dunigan Patrick 139


E


Emerson Rufus F. 115
Elliott Ephraim 132
Emerson Harry Bryant 203


F


Foster Abigail W 45
Fay Bridget 108
Fisher David [illegible]
Fiske Benjamin M. 226
Farley Julia M. 247


C D E F G H I K L M N O P

D.

Dutton Josiah O. 155
De Carteret Mary J. 162
Dowd Agnes 117
Donahue Bartholomew 205
Dutton Edwin C. 231

## G


Gaudette Anne 10
Gahan Gladys I 11
Gammell Amelia 77
Gervais Francois A 88
George Daniel M. 102
Gilson Alva 150
Guyette Leonard 178
Galloway ..... 200
Grady William G 202
Gagnon Onesime 214
Gervais 233


## H


Holt Horace 16
Huntoon Lucy A 17
Huntress Julia A. 69
Hunt Clarissa P. 72
Hodgson Samuel 78
Hoyt Lucy G. 92
Huntoon Moses C. 94
Hoyt William H 96
Harrington ..... 107
Hall Elizabeth B. 121
Hazen James H. 145
Hanson Enos H. 148
Hale Oliver H. 149
Hall Ernest W. 163
Hutchins Matthias 173
Hardy James M 182


## I & J


Ivory Hannah 26


## K


Kelley Andrew 9
Keirek James 99
Kelley Elizabeth 114
Kidder Charlotte F. 138
Kendrick Vina 158
Kelley Violet O. 167
Knowlton Kate S. 174
Kimball Hannah E 223
Keirek Thomas 229
Kearney Ellen 248


GHIK LMNOPQRS TUVWYZ

H.

| | |
|---|---|
| Hagen Peter | 191 |
| Haskell Dorothy | 204 |
| Holland Michael | 245 |

## L


| | Page |
|---|---|
| Larkin Winnifred | 7 |
| Lamphier Frank A. | 12 |
| Lewis Asenath C. | 22 |
| Larcom Harriet O. | 33 |
| Lamphere Albion J | 40 |
| Lambert Clymena W | 52 |
| Lewis Lucy A. | 55 |
| Lyons Timothy J. | 81 |
| Lapham Nathan S. | 92 |
| Larkin Anna | 100 |
| Lenay George W | 141 |
| Lambert Joseph A.E | 146 |
| Lowney [illegible] | 170 |
| Litchfield Paul F. | 198 |
| Lowcroft Bridget | 201 |
| Lambert Marie Rose | 228 |
| Le Duke David | 234 |
| Larkin Margaret | 239 |
| Lawrence Alma Graziella | 241 |


## M & N.


| | Page |
|---|---|
| Melvin Alonzo L. | 1 |
| Meads Ada J. | 23 |
| McGlinchey Ellen | 32 |
| McNally Alice | 37 |
| Meads Leonard | 42 |
| McQuade Mary B. | 43 |
| Morning Matthew | 50 |
| Magnant Adele | 62 |
| McNaughton Walter B. | 64 |
| Mooney Ann | 65 |
| McEnaney Mary | 70 |
| Merrill Harry L. | 71 |
| McGillian Mary J | 73 |
| McGarvey Thomas H. | 95 |
| McCoy ..... | 101 |
| Magnus Simon | 104 |
| Mooney Frank H. | 106 |
| Mulno Edith L. | 112 |
| McGlynn James | 128 |
| McNulty Katie | 130 |
| Marshall Bertha May | 131 |
| McNally John | 135 |
| Nichols John H. | 142 |
| McManomin Patrick | 152 |
| McGirr Cassie | 166 |
| McNulty Mary A. | 172 |
| McNulty Rose | 177 |
| Nicholson James C | 179 |
| Noble George F | 193 |


L M N O P Q R S T U V W Y Z

M.


Murphy Veronica 181
McClusky Mildred 184
McClusky Mabel 184
Michel Graciella 207
Moore Charlotte S. 218
Macdougall Nellie R. 219
McEnaney ------ 221
McNally James H. 232
Moore Ella J. 238
Mellen James 249


O

O'Keefe

## P


Parkhurst Edwin K. 27
Proctor George W 39
Perham Albert F 51
Perham Samuel P. 61
Perham Lizama N. 67
Patchen James W 79
Pepin P. Thomas 82
Perry Marie 87
Plante Rose 116
Parker Newell E 133
Patten Seth H. 153
Pullan Harriet 154
Parlee Alfred E. 156
Parker Artemas 168
Purcell Jennie 169
Pickard Carleton M. 171
Park John Nesmith 206
Pickard William H. 216
Perham Maria A. 246


## Q


Quist Oscar M 57


## R


Revere Jennie N. 3
Reardon 46
Randlett James 58
Robinson Frank W. 60
Russell E. Lincoln 76
Richardson Edward F. 147
Roddy 165
Richardson Elizabeth 183
Ryan William J 185
Randall Fannie A. 188
Ripley Julia S. 212
Reed William H. 230


## S


Sheldon Julia L. 6
Stevens Walter A. 29
Shaw Elisha H. 41
Stone Willard D. 59
Shields Margaret 63
Spalding Adeline P. 66
Smith Tilda 83
Stevens Edel P. 71
Smith Harriet 92
Spaulding Mary A. 103
Spaulding Jacob 113
Staples William H. 122
Safford Harry H. 124
Stearns Almira 144
Stanley Benjamin 151

Rec

1

PLEASE FILL OUT WITH INK.

# UNDERTAKER'S RETURN

## To the Board of Health and the Clerk of the City of Lowell.

☞Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death April 19 1898 Name, Alonzo L Helvin

Maiden Name ..... Sex, male; Color, White

Single, Married or Widowed, Married Age, 58 years, 5 months, 14 days.

Name of Attending Physician, D W Porter

Residence of Deceased—No. Chelmsford Street (or Corporation), Ward

Occupation, Musician Husband's Name, .....

Place of Death—No. Chelmsford Street (or Corporation), Ward .....

Birthplace of Deceased, Peterboro N H

Father's Name, Orson Melvin Father's Birthplace, Lowell Mass

Mother's Name, Mary L Mother's Birthplace, Escetes N H

Mother's Maiden Name, " L Leighton

Place of Interment, Lowell Cemetery, Range ....., Lot ....., Grave, .....

Signature of Undertaker or Informer, C W Young & Co

Dated at Lowell, this 19 day of April 189 8

---

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death April 19 1898

Name and Sex of Deceased, Alonzo L Helvin male.

Place of Death—No. Chelmsford Mass Street (or Corporation).

(When the child is still-born, so specify.)

Disease or Cause of Death, Heart disease duration of* .....

Complications, Dropsy

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Dewey P Porter M.D.

Residence, No. 263 Central Street, .....

Dated at Lowell, this 21st day of April 189 8

189

OF

2

PLEASE FILL OUT WITH INK.

# UNDERTAKER'S RETURN

## To ~~the Board of Health and~~ the Clerk of the City of Lowell.

☞Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death April 20th 1898 Name, George Webster

Maiden Name ..... Sex, male; Color, White

Single, Married or Widowed, Married Age, 48 years, 7 months, ..... days.

Name of Attending Physician, Dr. Howard

Residence of Deceased—No. E. Chelmsford Street (or Corporation), Ward

Occupation, Carpenter Husband's Name, .....

Place of Death—No. E. Chelmsford Street (or Corporation), Ward

Birthplace of Deceased, Tyngsborough

Father's Name, Ephraim Webster Father's Birthplace, Unknown

Mother's Name, Harriet Webster Mother's Birthplace, "

Mother's Maiden Name, Fox

Place of Interment, Edson Cemetery, Range ....., Lot ....., Grave, .....

Signature of Undertaker or Informer, Jesse M. Brooks

Dated at Lowell, this 21st day of April 1898

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death April 20 1898

Name and Sex of Deceased, George Webster ..... male.

Place of Death—No. E. Chelmsford Street (or Corporation).

(When the child is still-born, so specify.)

Disease or Cause of Death, Typhoid Fever duration of* seven weeks

Complications, .....

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Amasa Howard M.D.

Residence, ~~No.~~ Chelmsford ~~Street,~~ Asst.

Dated at Lowell, this 21st day of April 1898

RETURN OF DEATH

OF

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.....189.....

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3

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

## To the Board of Health and the Clerk of the City of Lowell.

☞Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death April 21 St. 1898 Name, Jennie W. Revere

Maiden Name Jennie W Hodgedon Sex, fe male; Color, white

Single, Married or Widowed, Married Age, 62 years, 1 months, 17 days.

Name of Attending Physician, Dr. Howard

Residence of Deceased—No. Chemsford Center Street (or Corporation), Ward

Occupation, House wife Husband's Name, Nathan L Revere

Place of Death—No. Chemsford Center Street (or Corporation), Ward

Birthplace of Deceased, South Berwick Maine

Father's Name, John Father's Birthplace, new york

Mother's Name, unknown Mother's Birthplace, " "

Mother's Maiden Name, "

Place of Interment, Edson Cemetery, Range , Lot , Grave,

Signature of Undertaker or Informer, C.M. Young & Co

Dated at Lowell, this Twenty first day of April 189 8

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death April 21 St 189 8

Name and Sex of Deceased, Jennie L. Revere fe male.

Place of Death—No. Chemsford center Street (or Corporation).

(When the child is still-born, so specify.)

Disease or Cause of Death, Consumption duration of* 8 months.

Complications, Blood poisoning following removal of tumor.

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Amasa Howard M.D.

Residence, ~~No.~~ Chelmsford ~~Street~~,

Dated at Lowell, this 21st day of Apr. 189 8

OF

189

4

Commonwealth of Massachusetts.

No. .....

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | April 25th 1898 |
| 2. Name, . . . . . | Thomas P. Duffy |
| (Maiden Name),* . | — |
| (Name of Husband),* | — |
| 3. Sex, and whether single, | Male |
| Married, or Widowed, | Single |
| 4. Color,† . . . . . | White |
| 5. Age, . . . . . | 2 Years, 3 Months, 13 Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | Consumption |
| Duration of Sickness, . | Six weeks. |
| By whom certified, . | M. J. Brown M. D. |
| 7. Residence, . . . . | North Chelmsford Mass |
| 8. Occupation, . . . . | — |
| 9. Place of Death, . . . | North Chelmsford Mass. |
| 10. Place of Birth, . . . | North Chelmsford Mass. |
| 11. Name of Father, . . | Thomas P. Duffy |
| 12. Name of Mother, . . (Maiden Name), | Margaret (McNally) Duffy |
| 13. Birthplace of Father, . | Ireland |
| 14. Birthplace of Mother, . | Ireland |
| 15. Place of Interment, . | Lowell Mass. |
| *Signature of Undertaker or other person making the Return*, . . . . | Arthur H Sheldon |

DATED at N. Chelmsford, on April 25th 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

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Commonwealth of Massachusetts.

No. .....

# RETURN OF A DEATH.

## To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | April 26 |
| 2. Name, . . . . . | Vera Leslie Dunn |
| (Maiden Name),* . | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | Female |
| Married, or Widowed, | Single |
| 4. Color,† . . . . . | |
| 5. Age, . . . . . | 1 Years, 10 Months, 21 Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | |
| Duration of Sickness, . | 1 day |
| By whom certified, . | F. P. Smith M.D. |
| 7. Residence, . . . | Chelmsford |
| 8. Occupation, . . . . | |
| 9. Place of Death, . . . | Chelmsford |
| 10. Place of Birth, . . . | Chelmsford |
| 11. Name of Father, . . | Leroy Dunn |
| 12. Name of Mother, (Maiden Name), . . | Sarah Mackenzie |
| 13. Birthplace of Father, . | Great-Pond Me |
| 14. Birthplace of Mother, . | Lingwyn " |
| 15. Place of Interment, . | Chelmsford |
| *Signature of Undertaker or other person making the Return*, . . . | Albert P. Perham |

DATED at Chelmsford, on Apr 27 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Jan. 1895.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

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Commonwealth of Massachusetts.

No. ....

# RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | May 2nd 1898 |
| 2. Name, . . . . . | Julia L. Sheldon |
| (Maiden Name),* . | " " Ripley |
| (Name of Husband),* | George T. Sheldon |
| 3. Sex, and whether single, | Female |
| Married, or Widowed, | Married |
| 4. Color,† . . . . . | White |
| 5. Age, . . . . . | 69 Years, 10 Months, 28 Days. |
| (Disease or Cause of Death, (Primary and Secondary),‡ | Myocarditis |
| 6. Duration of Sickness, . | Six Weeks |
| (By whom certified, . | Melvin J. Brown M.D. |
| 7. Residence, . . . . | North Chelmsford |
| 8. Occupation, . . . . | Housekeeper |
| 9. Place of Death, . . . | North Chelmsford |
| 10. Place of Birth, . . . | Lunenburg Mass |
| 11. Name of Father, . . | Lewis Ripley |
| 12. Name of Mother, . . (Maiden Name), | Sophia (Gardner) Ripley |
| 13. Birthplace of Father, . | Walpole N.H. |
| 14. Birthplace of Mother, . | Temple N.H. |
| 15. Place of Interment, . | North Chelmsford |
| *Signature of Undertaker or other person making the Return*, . . . . | Arthur H. Sheldon |

DATED at N. Chelmsford, on May 3rd 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec., 1896.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

PLEASE FILL OUT WITH INK.

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞Undertakers *must* must make this return before the burial or removal of the deceased.

Date of Death, May 4 189 8 . Name, Winnifred Lakin

Maiden Name, .....

Sex, male; Color, .

Single, Married or Widowed, Age, 19 years, .. months, days.

Name of Attending Physician, Brown

Residence of Deceased — No. North Chelmsford Street, (or Corporation), Ward .. ...

Occupation, Operative Husband's Name,

Place of Death — No. North Chelmsford Street, (or Corporation), Ward

Birthplace of Deceased, Drummondville

Father's Name, John Larkin Father's Birthplace, Ireland

Mother's Name, Mary " " Mother's Birthplace, " "

Mother's Maiden Name, Gannon

Place of Interment, Lowell Mass. Cemetery, Range , Lot , Grave, ...

Signature of Undertaker or Informer, J. F. O'Donnell

Dated at Lowell, this 7 day of May 189 8

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW,)

Date of Death, May 4 1898

Name and Sex of Deceased, Winnifred. Lakin .. female.

Place of Death — No. North Chelmsford Street, (or Corporation).

(When the child is still-born, so specify.)

Disease or Cause of Death, Consumption duration of * ..

Complications, .....

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Melvin J. Brown M.D.

Residence, No. North Chelmsford Street,

Dated at Lowell, this Fifth day of May 1898

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8

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

Town of Chelmsford

**To the Board of Health and the Clerk of the City of Lowell.**

☞Undertakers *must* must make this return before the burial or removal of the deceased.

Date of Death, May 4 189 8 . Name, Arthur Brennan

Maiden Name, ..... Sex, male; Color, ..

Single, ~~Married~~ or ~~Widowed~~, Age, 10 years, 3 months, 7 days.

Name of Attending Physician, Dr F. Shelmsford

Residence of Deceased — No. N. Chelmsford Street, (or Corporation), Ward .....

Occupation, ..... Husband's Name, .....

Place of Death — No. N. Chelmsford Street, (or Corporation), Ward ...

Birthplace of Deceased, Chelmsford

Father's Name, Peter J. ..... Father's Birthplace, Lowell

Mother's Name, Mary S. ..... Mother's Birthplace, Andover

Mother's Maiden Name, ..... Driscoll

Place of Interment, Lowell Cath Cemetery, Range ..... Lot ..... , Grave, ...

Signature of Undertaker or Informer, James F. O'Donnell

Dated at Lowell, this .... day of 189

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, May 4 1898

Name and Sex of Deceased, Arthur Brennan ..... male.

Place of Death — No. North Chelmsford Street, (or Corporation).

(When the child is still-born, so specify.)

Disease or Cause of Death, Accident ..... duration of * Two hours.

Complications, Shock.

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Melvin J. Brown M.D.

Residence, No. North Chelmsford Street,

Dated at Lowell, this ~~4th~~ Fourth day of May 1898

# RETURN OF DEATH

OF

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189.....

Rec

No. .....

Commonwealth of Massachusetts.

9

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | April 24th 1898 |
| 2. Name, . . . . . | Andrew Kelley |
| (Maiden Name),* . | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | Male |
| Married, or Widowed, | M. W. |
| 4. Color,† . . . . . | |
| 5. Age, . . . . . | 76 Years, 11 Months, 24 Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | Paralysis. contracted in |
| Duration of Siekness, . | 4 Months |
| By whom certified, . | E. H. Chamberlain M.D. |
| 7. Residenee, . . . . | Chelmsford |
| 8. Oecupation, . . . . | Weaver |
| 9. Plaee of Death, . . . | Chelmsford |
| 10. Plaee of Birth, . . . | Billerica |
| 11. Name of Father, . . | Andrew Kelley |
| 12. Name of Mother, . . (Maiden Name), | Mary Hart |
| 13. Birthplaee of Father, . | Billerica |
| 14. Birthplace of Mother, . | Westford |
| 15. Plaee of Interment, . | Lowell |
| *Signature of Undertaker or other person making the Return*, . . . . | Albert P Perham |

Late Wear of the Worlds Chore

DATED at Chelmsford, on Apr 25. 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, speeify what.

[Be very particular to fill all Blanks.]

Plate Ed. Jan. 1895.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Rec

Commonwealth of Massachusetts.

10

No. .....

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | May 9 — 1898 |
| 2. Name, . . . . . | Irene Gandette |
| (Maiden Name),* . | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | F. |
| Married, or Widowed, | |
| 4. Color,† . . . . . | |
| 5. Age, . . . . . | — Years, — Months, 5 Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | Hemorrhage of bowels |
| Duration of Sickness, . | three days |
| By whom certified, . | H. Richards, M.D. Lowell |
| 7. Residence, . . . . | N. Chelmsford |
| 8. Occupation, . . . . | — |
| 9. Place of Death, . . . | N. Chelmsford |
| 10. Place of Birth, . . . | N. Chelmsford |
| 11. Name of Father, . . | Leclaire |
| 12. Name of Mother, . . (Maiden Name), | Sarah (Cote) |
| 13. Birthplace of Father, . | Canada |
| 14. Birthplace of Mother, . | Canada |
| 15. Place of Interment, . | East Chelmsford |
| *Signature of Undertaker or other person making the Return*, . . . . | Ladance Gandette |

DATED at Chelmsford, on May 10 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Rec.

11

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

## To the Board of Health and the Clerk of the City of Lowell.

☞Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death May 10th 1898 Name, Gladys I Gahan

Maiden Name Sex, female; Color, White

Single, ~~Married or Widowed~~, Age, 1 years, 9 months, 10 days.

Name of Attending Physician, Dr St Clair

Residence of Deceased—No. Chelmsford ~~Street (or Corporation), Ward~~

Occupation, Husband's Name,

Place of Death—No. Chelmsford ~~Street (or Corporation)~~, Ward

Birthplace of Deceased, Lowell Mass

Father's Name, Edward E Gahan Father's Birthplace, New Brunswick

Mother's Name, Isabella " " Mother's Birthplace, St John

Mother's Maiden Name, " " Lesatte

Place of Interment, Edson Cemetery, Range , Lot , Grave,

Signature of Undertaker or Informer, Cemetery Inc

Dated at Lowell, this 10th day of May 189 8

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death May 10, 189 8

Name and Sex of Deceased, Gladys Gahan female.

Place of Death—No. East Chelmsford Street (or Corporation).

(When the child is still-born, so specify.)

Disease or Cause of Death, Burns, duration of* 3 days

Complications, Convulsions

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Arthur G Seaborn MD

Residence, No. Chelmsford Street,

Dated at ~~Lowell~~ Chelmsford, this 11th day of May 1898

OF

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..... 189.....

12

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the ~~Board of Health and the~~ Clerk of the ~~City of Lowell~~ Chelmsford.**

☞Undertakers *must* must make this return before the burial or removal of the deceased.

Date of Death, May 12 1898 . Name, Frank A Lamphere

Maiden Name, ..... Sex, ..... male; Color, do

Single, Married or Widowed, E.H. Age, 22 years, 5 months, — days.

Name of Attending Physician, Dr Chamberlain

Residence of Deceased — No. Chelmsford Street, (or Corporation), Ward

Occupation, ..... Husband's Name, .....

Place of Death — No. Chelmsford ~~Street, (or Corporation)~~, Ward

Birthplace of Deceased, Chelmsford

Father's Name, Albion J Lamphere Father's Birthplace, Lebanon NH

Mother's Name, Mary J " Mother's Birthplace, Bradford "

Mother's Maiden Name, .....

Place of Interment, Chelmsford Cemetery, Range , Lot , Grave,

Signature of Undertaker or Informer, J H Hunter

Dated at Lowell, this 14th day of May 189 8

## PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Frank A. Lamphere Age, 22

*Date and Place of Death,†* - *died at* Chelmsford, Mass, May 2d, 1898,

*Disease or Cause of Death,* - *of* Consumption

*(Primary and Secondary.)‡*

*Duration of Sickness,* - - about three months

*I certify that the above is true, to the best of my knowledge and belief.*

*Signature and Residence of Certifying Physician,* E. H. Chamberlain, Chelmsford, Mass

*Date of Certificate,* May 13th, 1898.

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.

Plate — Ed. December, 1895. — 5,000.

[illegible] who has attended a person during his last illness shall, when requested, forthwith furnish
tration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of
died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a c
immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a
stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a phys
lects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not
fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall
the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses c
to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resic

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human bod
has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in
or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or
clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be retu
recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter,
thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending
cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of heal
physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certif
required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make
When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent sl
with countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is
shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the dea
clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine no
ing fifty dollars.

Rec

Commonwealth of Massachusetts. 13

No. .....

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | May 22nd 1898 |
| 2. Name, . . . . . | Allen F. Davis |
| (Maiden Name),* . | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | M. |
| Married, or Widowed, | W. |
| 4. Color,† . . . . . | |
| 5. Age, . . . . . | 70 Years, 4 Months, 6 Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | Valvular disease of heart |
| Duration of Sickness, . | two months |
| By whom certified, . | E. H. Chamberlain |
| 7. Residence, . . . . | Chelmsford |
| 8. Occupation, . . . . | Laborer |
| 9. Place of Death, . . . | Chelmsford |
| 10. Place of Birth, . . . | Phillipston |
| 11. Name of Father, . . | Solomon [illegible] |
| 12. Name of Mother, . . (Maiden Name), | Lavinda Woodcock |
| 13. Birthplace of Father, . | Phillipston |
| 14. Birthplace of Mother, . | " |
| 15. Place of Interment, . | " |
| *Signature of Undertaker or other person making the Return*, . . . . | A. P. Parker |

DATED at Chelmsford, on May 23rd 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Jan. 1895.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Rec

14

Commonwealth of Massachusetts.

No. ...

# RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | May 23rd 1898 |
| 2. Name, . . . . . | Bessie M. Worley. |
| (Maiden Name),* . | — |
| (Name of Husband),* | — |
| 3. Sex, and whether single, | Female — Single |
| Married, or Widowed, | |
| 4. Color,† . . . . . | White |
| 5. Age, . . . . . | 4 Years, 10 Months, 25 Days. |
| Disease or Cause of Death, (Primary and Secondary),‡ | Pneumonia |
| 6. Duration of Sickness, . | two weeks |
| By whom certified, . | G. A. Harlow M. D. |
| 7. Residence, . . . . | North Chelmsford |
| 8. Occupation, . . . . | — |
| 9. Place of Death, . . . | North Chelmsford |
| 10. Place of Birth, . . . | North Chelmsford |
| 11. Name of Father, . . | John S. Worley |
| 12. Name of Mother, . . (Maiden Name), | Almena (Dixon) Worley |
| 13. Birthplace of Father, . | Guernsey, England |
| 14. Birthplace of Mother, . | Elliot, Maine. |
| 15. Place of Interment, . | North Chelmsford |
| *Signature of Undertaker or other person making the Return*, . . . . | Arthur H Sheldon |

Dated at N Chelmsford, on May 24 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec., 1896.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. .....

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | May 24 — 1898 |
| 2. Name, . . . . . | Laura A Adams |
| (Maiden Name),* . | Laura A Johnson |
| (Name of Husband),* | George B Adams |
| 3. Sex, and whether single, | F — M |
| Married, or Widowed, | W |
| 4. Color,† . . . . . | |
| 5. Age, . . . . . | 67 Years, 11 Months, 24 Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | Heart Disease |
| Duration of Sickness, . | 6 mos |
| By whom certified, . | O. P. Porter M.D. |
| 7. Residence, . . . . | Chelmsford |
| 8. Occupation, . . . . | Housewife |
| 9. Place of Death, . . . | Chelmsford |
| 10. Place of Birth, . . . | Bridgewater N.H |
| 11. Name of Father, . . | Andrew E Johnson |
| 12. Name of Mother, . . (Maiden Name). | Mary S Cawley |
| 13. Birthplace of Father, . | Bridgewater N.H |
| 14. Birthplace of Mother, . | Sanbornton N.H |
| 15. Place of Interment, . | Chelmsford |
| *Signature of Undertaker or other person making the Return*, . . . . | Albert D Putnam |

DATED at Chelmsford, on May 25 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Jan. 1895.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Rec

No. 16

Commonwealth of Massachusetts.

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, | May 27 1898 |
| 2. Name, | Hodee Holl- |
| (Maiden Name),* | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | M. M. |
| Married, or Widowed, | |
| 4. Color,† | |
| 5. Age, | 77 Years, 8 Months, 4 Days. |
| Disease or Cause of Death, (Primary and Secondary),‡ | Cerebal Hemorrhage |
| 6. Duration of Sickness, | Two weeks |
| By whom certified, | E. H. Chamberlain M. D. |
| 7. Residence, | Chelmsford |
| 8. Occupation, | Farmer |
| 9. Place of Death, | Chelmsford |
| 10. Place of Birth, | Pembroke N. H. |
| 11. Name of Father, | Daniel Holl- |
| 12. Name of Mother, (Maiden Name), | Sarah Holl- |
| 13. Birthplace of Father, | Pembroke N. H. |
| 14. Birthplace of Mother, | " " |
| 15. Place of Interment, | Lawrence |
| *Signature of Undertaker or other person making the Return,* | Albert-P Perham |

DATED at Chelmsford, on May 28 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

**[Be very particular to fill all Blanks.]**

Plate. Ed. September, 1892.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

17

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

## To the Board of Health and the Clerk of the City of Lowell.

☞Undertakers *must* must make this return before the burial or removal of the deceased.

Date of Death, June 9th 1898 Name, Lucy A Huntoon

Maiden Name, ~~Sex, f~~ male; Color, w

~~Single~~, Married or ~~Widowed~~, Age, 61 years, 10 months, — days.

Name of Attending Physician, Dr Chadbourne

Residence of Deceased — No. 1397 Gorham Street, (or Corporation), ~~Ward~~ (Chelmsford)

Occupation. At home Husband's Name, George L Huntoon

Place of Death — No. Chelmsford Street, (or Corporation), Ward

Birthplace of Deceased, Lowell

Father's Name, George Winslow Father's Birthplace, Westboro Mass

Mother's Name, May " Mother's Birthplace, — — — — — —

Mother's Maiden Name, Glanton

Place of Interment, Lowell Cemetery, Range , Lot , Grave,

Signature of Undertaker or Informer, J B Currier

Dated at Lowell, this 10th day of June 1898

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, June 9 1898

Name and Sex of Deceased, Lucy A Huntoon f male.

Place of Death — No. 1397 Gorham Street Chelmsford ~~Street, (or Corporation)~~.

(When the child is still-born, so specify.)

Disease or Cause of Death, Cancer duration of * two years

Complications,

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, F. W. Chamberlain M D

Residence, No. Central Blk Street, Central

Dated at Lowell, this 10th day of June 1898

# RETURN OF DEATH

OF

... .. .....

*189*.. .... ...

Rec'd

18

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

## To the Board of Health and the Clerk of the City of Lowell.

☞Undertakers *must* must make this return before the burial or removal of the deceased.

Date of Death, May 30th 1898. Name, Melvin E. Dam

Maiden Name, ..... Sex, male; Color, W

Single, Married or Widowed, ..... Age, 54 years, 8 months, 4 days.

Name of Attending Physician, Dr Howard

Residence of Deceased — No. Chelmsford Street, (or Corporation), Ward .....

Occupation, Carpenter Husband's Name, .....

Place of Death — No. Chelmsford Street, (or Corporation), Ward .....

Birthplace of Deceased, Great Falls, N.H.

Father's Name, Calvin Dam Father's Birthplace, .....

Mother's Name, Elizabeth Mother's Birthplace, .....

Mother's Maiden Name, .....

Place of Interment, Eastern Lowell Mass Cemetery, Range , Lot , Grave, .....

Signature of Undertaker or Informer, John A Weinbeck

Dated at Lowell, this 30th day of May 1898.

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, May 30th 1898. E.

Name and Sex of Deceased, Melvin E. Dam male.

Place of Death — No. Chelmsford Street, (or Corporation).

(When the child is still-born, so specify.)

Disease or Cause of Death, Chronic Nephritis duration of * several years.

Complications, Valvular disease of heart.

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Amasa Howard. M.D.

Residence, ~~No.~~ Chelmsford Mass. ~~Street,~~

Dated at Lowell, this 30th day of May 1898.

RETURN OF DEATH

OF

Melvin Eugene Dam

May 31st 1898

Commonwealth of Massachusetts.

No. .....

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | June 18 - 1898 |
| 2. Name, . . . . . | Elmira Upham |
| (Maiden Name),* . | " Berry |
| (Name of Husband),* | Clement Upham |
| 3. Sex, and whether single, | |
| Married, or Widowed, | M & W |
| 4. Color,† . . . . . | |
| 5. Age, . . . . . | 78 Years, 1 Months, 24 Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | Paralysis |
| Duration of Sickness, . | 6 Months |
| By whom certified, . | Dr Howard |
| 7. Residence, . . . . | Chelmsford |
| 8. Occupation, . . . . | at home |
| 9. Place of Death, . . . | Chelmsford |
| 10. Place of Birth, . . . | Holderness N H |
| 11. Name of Father, . . | Newell Barry |
| 12. Name of Mother, . . (Maiden Name), | Hannah H |
| 13. Birthplace of Father, . | |
| 14. Birthplace of Mother, . | |
| 15. Place of Interment, . | Chelmsford |
| *Signature of Undertaker or other person making the Return*, . . . . | Albert P Putnam |

Dated at Chelmsford, on June 19 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1883, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Re

20

Commonwealth of Massachusetts.

No. .....

# RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | June 29th 1898 |
| 2. Name, . . . . . | Anna Trubey |
| (Maiden Name),* . | " Sheild |
| (Name of Husband),* | James F. Trubey |
| 3. Sex, and whether single, | Married |
| Married, or Widowed, | Female |
| 4. Color,† . . . . . | White |
| 5. Age, . . . . . | 58 Years, 3 Months, Days. |
| Disease or Cause of Death, (Primary and Secondary),‡ | Organic disease of heart |
| 6. Duration of Sickness, . | |
| By whom certified, . | Fred E. Varney M.D. |
| 7. Residence, . . . . | North Chelmsford |
| 8. Occupation, . . . . | House Keeper |
| 9. Place of Death, . . . | North Chelmsford |
| 10. Place of Birth, . . . | Canada |
| 11. Name of Father, . . | — |
| 12. Name of Mother, . . (Maiden Name), | — |
| 13. Birthplace of Father, . | Canada |
| 14. Birthplace of Mother, . | Canada |
| 15. Place of Interment, . | North Chelmsford |
| *Signature of Undertaker or other person making the Return*, . . . . | A. H. Sheldon |

DATED at N. Chelmsford, on June 30th 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec., 1896.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

21

PLEASE FILL OUT WITH INK.

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the ~~City of Lowell.~~ Town of Chelmsford**

☞Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death July 10 1898 Name, Hiram J Brown

Maiden Name ..... Sex, male; Color, w

Single, Married or Widowed, ..... Age, 62 years, 9 months, 22 days.

Name of Attending Physician, Dr Scaboria

Residence of Deceased—No. Chelmsford Street (or Corporation), Ward

Occupation, ..... Husband's Name, .....

Place of Death—No. Chelmsford Street (or Corporation), Ward .....

Birthplace of Deceased, Lowell

Father's Name, Jonas Brown Father's Birthplace, [illegible]

Mother's Name, Mary M " Mother's Birthplace, [illegible]

Mother's Maiden Name, Hildreth

Place of Interment, Chelmsford Cemetery, Range ....., Lot ....., Grave, .....

Signature of Undertaker or Informer, J B Crozier

Dated at Lowell, this 11th day of July 189 8

## PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Hiram Josiah Brown Age, 63 yrs. 10 mths.

*Date and Place of Death,†* - died at Chelmsford, Mass., July 10th. 1898,

*Disease or Cause of Death,* - of Chronic Nephritis, Cardiac Dilatation & Oedema of Lungs.
*(Primary and Secondary.)‡*

*Duration of Sickness,* - - About 1 year.

*I certify that the above is true, to the best of my knowledge and belief.*

*Signature and Residence of Certifying Physician,* Arthur G. Scaboria, Chelmsford, Mass.

*Date of Certificate,* July 11, 1898.

* If died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.

Ed. December, 1896.—5,000.

I.R. July 11 98

I.R. July 11 98 I.R. July 11 98 I.R. July 11 98

...has attended a person during his last illness shall, when requested, forthwith furnish for re
tration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which
died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dy
immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certific
stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician n
lects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceed
fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give b
the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or negle
to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until
has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such c
or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent
clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned a
recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in li
thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physici
cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or a
physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as
required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the san
When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall fort
with countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so giv
shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as t
clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not excee
ing fifty dollars.

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22

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, Sept 2 1898 Name Asenath C Lewis

Maiden Name, Sex, fe male; Color, w

Single, Married or Widowed, Age, 82 years, 10 months, days.

Name of attending Physician, Dr Thomas

Residence of Deceased—No. Chelmsford Mass Street, (or Corporation), Ward

Occupation, At home Husband's Name Nathan Lewis

Place of Death—No. Chelmsford Street, (or Corporation), Ward

Birthplace of Deceased, Rumney NH ~~Tewksbury Mass~~

Father's Name, Benjamin's Father's Birthplace, unknown

Mother's Name, Betsy Mother's Birthplace, "

Mother's Maiden Name, Brainard "

Place of Interment, Auburn NH Cemetery, Range, Lot, Grave,

Signature of Undertaker or Informer, J B Cunier

Dated at Lowell, this Fourth day of Sept, 1898

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, Sept 2 1898

Name and Sex of Deceased, Asenath C Lewis fe male.

Place of Death—No. Chelmsford Street, (or Corporation).

When the Child is still-born, so specify.

Disease or Cause of Death, Valvula Disease of Heart duration of *

Complications, Stroke

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Geo F Thomas MD

Residence, No. 304 Westford Street,

Dated at Lowell, this 3 day of Sept 1898

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female, and when the deceased is colored please insert.]

*Approved,*

BOARD OF HEALTH.

# RETURN OF DEATH

OF

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189

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23

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Ada J. Meads Sex, F Color,

Date of Death, Sept 4 1898; Age, 17 Years, — Months, 2 Days.

Maiden Name, {If married, widowed or divorced.}

Husband's Name,

Single, Married, Widowed or Divorced, S Occupation,

*Residence, {If out of town, also state fully.} South Boston

Place of Birth, " "

*Place of Death, Chelmsford

Name of Father, Loring Meads

Birthplace of Father, Weston, Vt.

Maiden name of Mother, Caldwell

Birthplace of Mother, Boston.

Place of Interment, (Give name of Cemetery), St. Hope Cemetery

Dated at Chelmsford

on Sept 4, 1898

Signature and place of business of Undertaker. J. B. Cunier

## PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Ada J. Meade. Age 17

*Date and Place of Death,†* died at Chelmsford, Mass, Sept. 4 1898.

*Disease or Cause of Death,* (Primary and Secondary.)‡ of Appendicitis —

*Duration of Sickness,* 4 days —

*I certify that the above is true, to the best of my knowledge and belief.*

*Signature and Residence of Certifying Physician,* W. J. Decker M.D. Westford Mass.

*Date of Certificate,* Sept. 4 1898.

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. May, 1893.—5,000.

No. .....

# RETURN OF THE DEATH

OF

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at .....

Date, ..... 189 .....

Filed, ..... 189 .....

r 444 of the Acts of 1897 require that every householder in whose house a death occurs, the
nt at the time of the death of any of his kindred, or the person in charge of an institution in
thin five days after the date of such a death, give notice thereof to the board of health or to
which the death occurred. (See section 6.)

of a vessel shall give notice of the death of any person under his charge to the board of health
own within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

mply with the requirements of sections 6 and 7, five dollars. (See section 8.)

ended a person during his last illness shall forthwith after the death of said person, upon
a certificate setting forth the required facts. (See section 10.)

glect, ten dollars. (See section 11.)

of the funereal rites preliminary to the interment of a human body shall obtain the physician's

stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician
lects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceed
fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give b
the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or negle
to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Rec

24

Ed. Jan. 23, 1894. 5,000. [Acts of 1889, Chap. 208.] Plate.

# AN ACT

## IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

*Be it enacted, etc., as follows:*

Section 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

Section 2. This act shall take effect upon its passage. [*Approved April 5, 1889.*

**Blank to be used in compliance with the foregoing.**

Copy of the Record of a

# DEATH

recorded in the books of the City of Lowell
(City or Town.)

during the month of August 1898.

| | |
|---|---|
| 1. Date of Death, | August 21. 1898 |
| 2. Name, | Mary Fox |
| (Maiden Name), | Mary Duffy |
| (Name of Husband), | Edward Fox |
| 3. Sex, and whether single, | Female |
| Married, or Widowed, | Married |
| 4. Color, | |
| 5. Age, | 74 Years, Months, Days. |
| 6. Disease or Cause of Death, | Diabetes Mellitus (Gangrene) |
| Duration of Sickness, | 1 Year |
| By whom certified, | Frank E. Smart M. D. |
| 7. Residence, | North Chelmsford |
| 8. Occupation, | At Home |
| 9. Place of Death, | St Johns Hospital |
| 10. Place of Birth, | Ireland |
| 11. Name of Father, | Dennis Duffy |
| 12. Name of Mother, (Maiden Name.) | — |
| 13. Birthplace of Father, | Ireland |
| 14. Birthplace of Mother, | Ireland |
| 15. Place of Interment, | Cath. cemetery Lowell Mass. |

I certify that the foregoing is a true copy.

Attest: Gerard P. Dadman

18 . City Clerk.
(City or Town.)

Rec

25

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Thomas Durant Sex, Male Color, W.

Date of Death, Sept 7th 1898; Age, 86 Years, 10 Months, Days.

Maiden Name, {If married, widowed or divorced.} —

Husband's Name, —

Single, Married, Widowed or Divorced, Widower Occupation, Blacksmith

*Residence, {If out of town, also state fully.} North Chelmsford Mass.

Place of Birth, Chelmsford Mass.

*Place of Death, North Chelmsford Mass.

Name of Father, Sylvester Durant

Birthplace of Father, —

Maiden name of Mother, Betsey Warren

Birthplace of Mother,

Place of Interment, (Give name of Cemetery), North Chelmsford Cemetery

Dated at North Chelmsford

on September 8th 1898

Signature and place of business of Undertaker. Arthur H. Sheldon
North Chelmsford Mass.

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Age, Y. M. D.

Place and Date of Death,‡ died at 189

Disease or Cause of Death,§

Duration of sickness,

I certify that the above is true to the best of my knowledge and belief.

No. .....

# RETURN OF THE DEATH

OF

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at .....

Date, ..... 189.....

Filed, ..... 189 .....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the burial of a dead body shall cause the physician's certificate to be made in accordance with section 10, and return it, together with the return required by section 6, to the clerk of the city or town in which the death occurred.

26

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**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞ Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, Sept. 7 1898 Name Hannah Dorry

Maiden Name, —— Sex, female; Color,

Single, ~~Married or Widowed;~~ Age, 56 years, — months, — days.

Name of attending Physician, L. D. Irish

Residence of Deceased—No. North Chelmsford ~~Street, (or Corporation),~~ Ward

Occupation, House Work Husband's Name

Place of Death—No. North Chelmsford ~~Street, (or Corporation),~~ Ward

Birthplace of Deceased, " "

Father's Name, John Father's Birthplace Ireland

Mother's Name, Not Known Mother's Birthplace,

Mother's Maiden Name,

Place of Interment, Catholic Cemetery, Range , Lot , Grave,

Signature of Undertaker or Informer, Peter H. Savage

Dated at Lowell, this 7th day of Sept 1898

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, Sept 7 1898

Name and Sex of Deceased, Hannah Dorry female.

Place of Death—No. Chelmsford Street, (or Corporation).

When the Child is still-born, so specify.

Disease or Cause of Death, Abdominal Tumor duration of *

Complications,

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, L. D. Irish M.D.

Residence, No. 267 Pelham Street, Lowell

Dated at Lowell, this 7 day of Sept 1898

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female, and when the deceased is colored please insert.]

OF

189

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27

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Edwin King Parkhurst Sex, Male Color, Light

Date of Death, Sept. 12th 1898; Age, 70 Years, 6 Months, 12 Days.

Maiden Name, {If married, widowed or divorced.}

Husband's Name,

Single, Married, Widowed or Divorced, Occupation, Carpenter

*Residence, {If out of town, also state fully.} Chelmsford

Place of Birth, Chelmsford

*Place of Death, "

Name of Father, Josiah King Parkhurst

Birthplace of Father, Chelmsford

Maiden name of Mother, Ruth Spalding

Birthplace of Mother, Chelmsford

Place of Interment, (Give name of Cemetery), Chelmsford Center

Dated at Chelmsford

on Sept 12th 1898

Signature and place of business of Undertaker. Albert D. Parham, Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Edwin King Parkhurst Age, 70 Y. 6 M. 12 D.

Place and Date of Death,‡ died at Chelmsford, Mass., Sept. 12th, 1898

Disease or Cause of Death,§ Apoplexy

Duration of sickness,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Edmund H. Chamberlain M. D.
Chelmsford, Mass.

Date of Certificate, September 12th, 1898.

I.R.

No. .....

# RETURN OF THE DEATH

OF

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at .....

Date, ..... 189....

Filed, ..... 189....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's

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28

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the ~~City of Lowell~~ Town of Chelmsford**

☞ Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, Sept 21 1898 Name William H Carter

Maiden Name, ..... Sex, male; Color, W

Single, Married or Widowed, ..... Age, 88 years, 5 months, ..... days.

Name of attending Physician, Dr Chamberlin

Residence of Deceased—No. Chelmsford Street, (or Corporation), Ward .....

Occupation, ..... Husband's Name .....

Place of Death—No. Chelmsford ~~Street, (or Corporation), Ward~~

Birthplace of Deceased, ..... Wheelock Vt

Father's Name, Unknown Father's Birthplace, Unknown

Mother's Name, " Mother's Birthplace, "

Mother's Maiden Name, ..... "

Place of Interment, Lowell Cemetery, ~~Range~~, Lot ..., ~~Grave~~, Mass

Signature of Undertaker or Informer, J B Currier

Dated at Lowell, this 22nd day of Sept 1898

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, Sept 21 1898

Name and Sex of Deceased, William H Carter male.

Place of Death—No. Chelmsford Street, (or Corporation).

When the Child is still-born, so specify.

Disease or Cause of Death, Old Age duration of * —

Complications, —

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Edward H. Chamberlin, M.D.

Residence, ~~No.~~ Chelmsford ~~Street,~~ Mass

Dated at ~~Lowell~~ Chelmsford, this 22nd day of September 1898

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female, and when the deceased is colored please insert.]

*Approved,*

..... BOARD OF HEALTH

RETURN

OF

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.....189

29

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

## To the Board of Health and the Clerk of the City of Lowell.

☞Undertakers *must* must make this return before the burial or removal of the deceased.

Date of Death, Sept 22nd 189 8 Name, Walter C A Stevens

Maiden Name, ..... Sex, male; Color, White

Single, Married or Widowed, Single Age, 23 years, 5 months, 17 days.

Name of Attending Physician, Dr Scovarat

Residence of Deceased — No. Chelmsford Center Street, (or Corporation), Ward .....

Occupation, Engraver Husband's Name, .....

Place of Death — No. Chelmsford Center Street, (or Corporation), Ward .....

Birthplace of Deceased, Lowell Mass

Father's Name, Oliver Stevens Father's Birthplace, Wells Maine

Mother's Name, Margaret " Mother's Birthplace, Jessey City

Mother's Maiden Name, " Bencler

Place of Interment, Edson Cemetery, Range ..... Lot ..... , Grave, .....

Signature of Undertaker or Informer, C M Waring & Co

Dated at Lowell, this 22 day of Sept 189 .

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW,)

Date of Death, Sept 22 189 8

Name and Sex of Deceased, Walter C A Stevens male.

Place of Death — No. Chelmsford Center Street, (or Corporation).

(When the child is still-born, so specify.)

Disease or Cause of Death, Phthisis Pulmonalis duration of * about 2 yrs.

Complications, .....

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Arthur G. Scobria M.D.

Residence, No. Chelmsford Street, Mass

Dated at Lowell, this 24 day of Sept 189 8

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female, and when the deceased is colored please insert.]

*Approved.*

Ret

30

Commonwealth of Massachusetts.

No. .....

# RETURN OF A DEATH.

## To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | [illegible] |
| 2. Name, . . . . . | [illegible] |
| (Maiden Name),* . | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | [illegible] |
| Married, or Widowed, | |
| 4. Color,† . . . . . | |
| 5. Age, . . . . . | ..... Years, / Months, ..... Days. |
| Disease or Cause of Death, (Primary and Secondary),‡ | [illegible] |
| 6. Duration of Sickness, . | [illegible] |
| By whom certified, . | [illegible] |
| 7. Residence, . . . . | [illegible] |
| 8. Occupation, . . . . | [illegible] |
| 9. Place of Death, . . . | [illegible] |
| 10. Place of Birth, . . . | [illegible] |
| 11. Name of Father, . . | [illegible] |
| 12. Name of Mother, . . (Maiden Name), | [illegible] |
| 13. Birthplace of Father, . | [illegible] |
| 14. Birthplace of Mother, . | [illegible] |
| 15. Place of Interment, . | [illegible] |
| *Signature of Undertaker or other person making the Return*, . . . . | [illegible] |

Dated at [illegible], on [illegible] 18 .

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

**[Be very particular to fill all Blanks.]**

Plate. Ed. May, 1891.—5,000.

# AN ACT

## RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

*Be it enacted, etc., as follows:*

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other [illegible] death, as the clerk or registrar may require. Any person

31

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞ Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, Sept 26th 189 8 Name, Mary Brett

Maiden Name, ..... Sex, male; Color, .....

~~Single, Married~~ or Widowed, ..... Age 52 years, ..... months, ..... days.

Name of attending Physician, D. J. B. Smith

Residence of Deceased—No. North Chelmsford Street, (or Corporation), Ward .....

Occupation, ..... Husband's Name .....

Place of Death—No. North Chelmsford Street, (or Corporation), Ward .....

Birthplace of Deceased, Ireland

Father's Name, Richard Duggan Father's Birthplace, Ireland

Mother's Name, Margaret " Mother's Birthplace, " "

Mother's Maiden Name, " Feeney

Place of Interment, Catholic Cemetery, Range ....., Lot ....., Grave, .....

Signature of Undertaker or Informer, James F. O'Donnell

Dated at Lowell, this 26th day of Sept 189 8

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, Sept 26th 189 8

Name and Sex of Deceased, Mary Brett ♀ male.

Place of Death—No. North Chelmsford Street, (or Corporation).

When the Child is still-born, so specify.

Disease or Cause of Death, Carcinoma duration of * .....

Complications, .....

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Thomas D. Smith, M.D.

Residence, No. Keyes's Block Street, Merrimack

Dated at Lowell, this twenty-seventh day of September, 189 8

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female, and when the deceased is colored please insert.]

*Approved,*

OF

189

Rec

37

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞ Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, October 5 th 189 5 Name Ellen M. Glinchey

Maiden Name, ..... Sex, male; Color, .....

~~Single~~, Married or ~~Widowed~~, ..... Age, 62 years, 7 months, 7 days.

Name of attending Physician, Dr Foley

Residence of Deceased—No. West Chelmsford Street, (or Corporation), Ward .....

Occupation, at Home Husband's Name James M. Glinchey

Place of Death—No. West Chelmsford Street, (or Corporation), Ward .....

Birthplace of Deceased, Ireland

Father's Name, Henry Egan Father's Birthplace, Ireland

Mother's Name, Margaret " Mother's Birthplace, " "

Mother's Maiden Name, " Morris

Place of Interment, Athol Mass Cemetery, Range ....., Lot ....., Grave, .....

Signature of Undertaker or Informer, James F. O'Donnell

Dated at Lowell, this 5 day of Oct 189 5

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, Oct. 5 189 5

Name and Sex of Deceased, Ellen Mc Glinchey male.

Place of Death—No. Westford Mass Street, (or Corporation).

When the Child is still-born, so specify.

Disease or Cause of Death, Paralysis duration of * .....

Complications, .....

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Owen Porter M.D.

Residence, No. 253 Street, Central

Dated at Lowell, this Sixth day of October 189 5

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female, and when the deceased is colored please insert.]

# RETURN OF DEATH

OF

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.....189

Rec'd

33

# Commonwealth of Massachusetts.

No. .....

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Harriet Aber Larcom Sex, female Color, White

Date of Death, Oct 5th 1898; Age, 82 Years, X Months, 22 Days.

Maiden Name, {If married, widowed or divorced.} Harriet Aber

Husband's Name, Jonathan Larcom

Single, Married, Widowed or Divorced, Widow Occupation, House Keeper

*Residence, {If out of town, also state fully.} South St Chelmsford

Place of Birth, Chelmsford Mass

*Place of Death, South St Chelmsford

Name of Father, Benjamin F Aber

Birthplace of Father, Mass

Maiden name of Mother, Harriet Hart

Birthplace of Mother, Mass

Place of Interment, (Give name of Cemetery), Chelmsford

Dated at Chelmsford
on Oct 6 1898

Signature and place of business of Undertaker. Albert D. Parham, Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Harriet A. Larcom Age, 82 Y. 0 M. 22 D.

Place and Date of Death,‡ died at Chelmsford, Mass, Oct. 5 1898

Disease or Cause of Death,§ Fatty Degeneration of Heart,

Duration of sickness,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. E. H. Chamberlain M. D.
Chelmsford, Mass

Date of Certificate, October 6th, 1898.

No. .....

# RETURN OF THE DEATH

OF

Harriet O. Larcom

at 6 Fellsmford

Date, Oct. 5 1898.

Filed, Oct. 6 1898.

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the

Ed. Jan. 23, 1894. 5,000. [ACTS OF 1889, CHAP. 208.] Plate. 34

# AN ACT

## IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

*Be it enacted, etc., as follows:*

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [*Approved April 5, 1889.*

**Blank to be used in compliance with the foregoing.**

Copy of the Record of a

# DEATH

recorded in the books of the City of Lowell
(City or Town.)

during the month of October 1898.

| | |
|---|---|
| 1. Date of Death, | October 9. 1898 |
| 2. Name, | Samuel Blood |
| (Maiden Name), | |
| (Name of Husband), | |
| 3. Sex, and whether single, | Male |
| Married, or Widowed, | Married |
| 4. Color, | W. |
| 5. Age, | 77 Years, Months, Days. |
| 6. Disease or Cause of Death, | Acute Intestinal Obstruction |
| Duration of Sickness, | 36 Hours |
| By whom certified, | A. E. Hayes M. D, |
| 7. Residence, | East Chelmsford Mass, |
| 8. Occupation, | Farmer |
| 9. Place of Death, | St. Johns Hospital Lowell Mass, |
| 10. Place of Birth, | England |
| 11. Name of Father, | — |
| 12. Name of Mother, (Maiden Name.) | — |
| 13. Birthplace of Father, | — |
| 14. Birthplace of Mother, | — |
| 15. Place of Interment, | Edson Cemetery |

I certify that the foregoing is a true copy.

Attest: Gerard P. Dadman

Oct. 18 1898. City Clerk.
(City or Town.)

Rec

35

# Commonwealth of Massachusetts.

No. ____

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Lucy Heywood Worthen Sex, Fem'e Color, White

Date of Death, October 12th 1898 ; Age, 2 Years, 3 Months, 4 Days.

Maiden Name, {If married, widowed or divorced.}

Husband's Name,

Single, Married, Widowed or Divorced, Occupation,

*Residence, {If out of town, also state fully.} Chelmsford Mass

Place of Birth, Chelmsford Mass

*Place of Death, Chelmsford Mass

Name of Father, Frank W. Worthen

Birthplace of Father, Lowell Mass

Maiden name of Mother, Luanna W. Fletcher

Birthplace of Mother, Westford Mass

Place of Interment, (Give name of Cemetery), Chelmsford Centre.

Dated at Chelmsford

on Oct 12th 1898

Signature and place of business of Undertaker. Albert E. Pierce Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Lucy Heywood Worthen Age, 2 Y. 3 M. 4 D.

Place and Date of Death,‡ died at Chelmsford, Mass. October 12th 1898

Disease or Cause of Death,§ Meningitis

Duration of sickness, 10 hours

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Edward H. Chamberlain, M. D. Chelmsford

Date of Certificate, October 12th, 1898.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189....

Filed, ..... 189 ....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the cit

Commonwealth of Massachusetts.

No. .....

# RETURN OF A DEATH.

## To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | [illegible] |
| 2. Name, . . . . . | [illegible] |
| (Maiden Name),* . | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | [illegible] |
| Married, or Widowed, | |
| 4. Color,† . . . . . | [illegible] |
| 5. Age, . . . . . | ..... Years, ..... Months, ..... Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | [illegible] |
| Duration of Sickness, . | [illegible] |
| By whom certified, . | [illegible] |
| 7. Residence, . . . . | [illegible] |
| 8. Occupation, . . . . | |
| 9. Place of Death, . . . | [illegible] |
| 10. Place of Birth, . . . | [illegible] |
| 11. Name of Father, . . | Andrew G Westburgh. |
| 12. Name of Mother, . . (Maiden Name), | [illegible] |
| 13. Birthplace of Father, . | [illegible] |
| 14. Birthplace of Mother, . | [illegible] |
| 15. Place of Interment, . | [illegible] |
| *Signature of Undertaker or other person making the Return*, . . . . | A. G. Parkhurst |

DATED at [illegible], on [illegible] 18[illegible].

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

**[Be very particular to fill all Blanks.]**

Plate. Ed. May, 1891.—5,000.

# AN ACT

## RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

*Be it enacted, etc., as follows:*

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

Rec

37

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞ Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, Oct 31st 189 8 Name Alex Mc Sally

Maiden Name, Sex, male; Color,

Single, ~~Married~~ or ~~Widowed~~, Age, 24 years, ? months, ? days.

Name of attending Physician, Dr Varney

Residence of Deceased—No. N. Chelmsford Street, (or Corporation), Ward

Occupation, House Work Husband's Name

Place of Death—No. N. Chelmsford Street, (or Corporation), Ward

Birthplace of Deceased, Ireland

Father's Name, Pat's Mc Sally Father's Birthplace, Ireland

Mother's Name, Sarah " " Mother's Birthplace, " "

Mother's Maiden Name, Mc Cabe

Place of Interment, Catholic Cemetery, Range , Lot , Grave,

Signature of Undertaker or Informer, James F. O'Donnell

Dated at Lowell, this 3 1st day of Oct 189 8

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, October 31st 189 8

Name and Sex of Deceased, Alex Mc Nally male.

Place of Death—No. North Chelmsford Street, (or Corporation).

When the Child is still-born, so specify.

Disease or Cause of Death, Dropsy duration of * about 3 months

Complications,

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, F A Varney MD

Residence, No. North Chelmsford Street,

Dated at Lowell, this 31st day of October 189 8

OF

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.....189

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38

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞ Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, Nov 1 1898 Name Thomas P Duffy

Maiden Name, ..... Sex, male; Color, .....

~~Single~~, Married or ~~Widowed~~, ..... Age, 38 years, — months, — days.

Name of attending Physician, .....

Residence of Deceased—No. North Chelmsford Street, (or Corporation), Ward .....

Occupation, ..... Husband's Name .....

Place of Death—No. North Chelmsford Street, (or Corporation), Ward .....

Birthplace of Deceased, Ireland

Father's Name, Owen Duffy Father's Birthplace, Ireland

Mother's Name, Bridget Duffy Mother's Birthplace, " "

Mother's Maiden Name, .....

Place of Interment, Catholic Lowell Cemetery, Range ....., Lot ....., Grave, .....

Signature of Undertaker or Informer, J H McDermott

Dated at Lowell, this 1st day of Nov 189 8

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, November 1st 189 8

Name and Sex of Deceased, Thomas P Duffy male.

Place of Death—No. North Chelmsford Street, (or Corporation).

When the Child is still-born, so specify.

Disease or Cause of Death, Consumption duration of * Eight Months

Complications, .....

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, F E Varney M D.

Residence, No. North Chelmsford Street, .....

Dated at Lowell, this First day of November 189 8

OF

189

39

# Commonwealth of Massachusetts.

No. .....

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, George W. Proctor Sex, M Color, .....

Date of Death, Nov. 7 1898; Age, 40 Years, ..... Months, ..... Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, .....

Single, Married, Widowed or Divorced, S Occupation, Grocer

*Residence, {If out of town, also state fully.} Chelmsford

Place of Birth, Chelmsford

*Place of Death, Chelmsford

Name of Father, Henry B.

Birthplace of Father, Chelmsford

Maiden name of Mother, Proctor

Birthplace of Mother, Chelmsford

Place of Interment, (Give name of Cemetery), Centre cemetery, Chelmsford

Dated at Chelmsford

on Nov. 7 1898

Signature and place of business of Undertaker. J B Currier

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† George W. Proctor Age, 40 Y. 8 M. 15 D.

Place and Date of Death,‡ died at Chelmsford, Mass., Nov. 7, 1898

Disease or Cause of Death,§ Disease of Spleen complicated with Rheumatic Heart.

Duration of sickness, .....

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. E. H. Chamberlain M. D.
Chelmsford, Mass

Date of Certificate, Nov. 11th 1898.

Give also street and number, if any.
† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

Geo. W Proctor

at Queens Ford,

Date, Nov 7 189 8.

Filed, ..... 189 8.

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's [illegible] section 10, and return it, together with the facts required by section 1, to the board of

Rec

40

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Albion J. Lamphere Sex, M Color,

Date of Death, Nov 15 1898; Age, 58 Years, 4 Months, 26 Days.

Maiden Name, {If married, widowed or divorced.}

Husband's Name,

Single, Married, Widowed or Divorced, W Occupation, Farmer

*Residence, {If out of town, also state fully.} Shelburne Falls

Place of Birth, Colrain, Mass.

*Place of Death, Shelburne Falls

Name of Father, Levi

Birthplace of Father, Hartland Vt

Maiden name of Mother, Hannah Sawyer

Birthplace of Mother, Hartford Vt.

Place of Interment, (Give name of Cemetery), Shelburne Falls Centre

Dated at Shelburne Falls
on Nov 16 1898

Signature and place of business of Undertaker. C M Young & Co
33 Bridge St

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Albion J. Lamphere Age, 58 Y. 4 M. 26 D.

Place and Date of Death,‡ died at Shelburne Falls, Mass, November 15, 1898

Disease or Cause of Death,§ General Debility and Bronchitis the results of Scurvy and Chronic Malaria contracted while in service of United States.

Duration of sickness,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Edward H. Chamberlain, M. D.
Shelburne Falls, Mass.

Date of Certificate, November 16, 1898.

Give also street and number, if any.
† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189....

Filed, ..... 189 . .

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with [illegible] required by section 1, to the board of health or to the clerk of the city [illegible]

Rec

41

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞ Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, Nov 24th 1898 Name Elisha H Shaw

Maiden Name, ..... Sex, male; Color,

Single, Married or Widowed, Married Age, 41 years, 2 months, days.

Name of attending Physician, Dr Howard

Residence of Deceased—No. North Chelmsford Street, (or Corporation), Ward

Occupation, Grocer Husband's Name

Place of Death—No. North Chelmsford Street, (or Corporation), Ward

Birthplace of Deceased, North Chelmsford

Father's Name, Elisha Shaw Father's Birthplace, Middlebury

Mother's Name, Mary M Mother's Birthplace, Westford

Mother's Maiden Name, Lincoln

Place of Interment, North Chelmsford Cemetery, Range, Lot, Grave,

Signature of Undertaker or Informer, John A Whitcomb

Dated at Lowell, this 24th day of Nov 1898

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, Nov 24th, 1898

Name and Sex of Deceased, Elisha H Shaw male.

Place of Death—No. North Chelmsford Street, (or Corporation).

When the Child is still-born, so specify.

Disease or Cause of Death, Exhaustion following Bronchitis ~~duration of~~ * Typhoid Fever,

Complications,

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Amasa Howard M.D.

Residence, ~~No.~~ Chelmsford ~~Street~~,

Dated at ~~Lowell~~ Chelmsford, this 25th day of November 1898

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female, and when the deceased is colored please insert.]

# RETURN OF DEATH

OF

.....

.....189

PLEASE FILL OUT WITH INK.

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞ Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, Nov 18th 1898 Name. Leonard Meads

Maiden Name, ..... Sex, male; Color, W.

Single, Married or Widowed, ..... Age, 81 years, 6 months, 13 days.

Name of attending Physician, Dr Chamberlin

Residence of Deceased—No. Chelmsford Street, (or Corporation), Ward .....

Occupation, ..... Husband's Name .....

Place of Death—No. Chelmsford Street, (or Corporation), Ward .....

Birthplace of Deceased, ..... Weston Vt

Father's Name, Jesse Meads Father's Birthplace " "

Mother's Name, Olivia " Mother's Birthplace, Cavindish "

Mother's Maiden Name, Baldwin

Place of Interment, Wellington Cemetery, Range ....., Lot ....., Grave, .....

Signature of Undertaker or Informer, J B Currier

Dated at Lowell, this 18th day of Nov 1898

## PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Leonard Meads Age, 81-6-13

*Date and Place of Death,†* - died at Chelmsford, Mass, November 18 1898.

*Disease or Cause of Death,* - of Dementia Paralytica

*(Primary and Secondary.)‡*

*Duration of Sickness,* - -

*I certify that the above is true, to the best of my knowledge and belief.*

*Signature and Residence of Certifying Physician,* Edward D. Chamberlain, Chelmsford.

*Date of Certificate,* November 19, 1898.

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion

Plate. Ed. December, 1896. — 5,000.

tration, a certificate stating, to the ... died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certi stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician lects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exce fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall giv the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or nc to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body un has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in suc or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or age clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returne recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or i thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending phy cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health o physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall fort with countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Rec

483

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞ Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, Nov 27th 189 8 Name, Mary Burns McQuade

Maiden Name, ..... Sex, male; Color, .....

Single, ~~Married~~ or ~~Widowed~~, ..... Age, 1 years, 2 months, ..... days.

Name of attending Physician, Dr Smith

Residence of Deceased—No. North Billerica Street, (or Corporation), Ward .....

Occupation, ..... Husband's Name .....

Place of Death—No. North Billerica Street, (or Corporation), Ward .....

Birthplace of Deceased, Lowell Mass

Father's Name, John McQuade Father's Birthplace, Lowell Mass

Mother's Name, Jennie L. " Mother's Birthplace, .....

Mother's Maiden Name, J. Fields

Place of Interment, Thorndike Lowell Cemetery, Range ..., Lot ..., Grave, .....

Signature of Undertaker or Informer, Edward F. O'Donnell

Dated at Lowell, this 28th day of Nov 189 8

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, Nov 27 189 8

Name and Sex of Deceased, Mary McQuade ☒ male.

Place of Death—No. North Billerica Street, (or Corporation).

When the Child is still-born, so specify.

Disease or Cause of Death, Meningitis duration of * .....

Complications, .....

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Howard B. Smith, M. D.

Residence, No. Hyman's Ext. Street, Tewksbury

Dated at Lowell, this 29th day of November, 189 8

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female, and when the deceased is colored please insert.]

# MEMORANDUM OF AGREEMENT

OF

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189

Commonwealth of Massachusetts.

No. .....

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | Dec. 1 — 1898 |
| 2. Name, . . . . . | Alice Bray |
| (Maiden Name),* . | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | f |
| Married, or Widowed, | |
| 4. Color,† . . . . . | |
| 5. Age, . . . . . | — Years, — Months, — Days. 5 h |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | Infantile |
| Duration of Sickness, . | |
| By whom certified, . | Dr. E. H. Chamberlin |
| 7. Residence, . . . . | Chelmsford |
| 8. Occupation, . . . . | |
| 9. Place of Death, . . . | Chelmsford |
| 10. Place of Birth, . . . | " |
| 11. Name of Father, . . | James W. Bray |
| 12. Name of Mother, . . (Maiden Name), | Maggie (Howard) |
| 13. Birthplace of Father, . | |
| 14. Birthplace of Mother, . | |
| 15. Place of Interment, . | Lowell |
| *Signature of Undertaker or other person making the Return*, . . . . | James W. Bray |

DATED at Chelmsford, on Dec. 2 1898

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Jan. 1895.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Rec

44/2

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, Dec 9th 1898 Name John H. Nichols

Maiden Name, ..... Sex, male; Color, W

Single, Married or Widowed, Widowed Age, 70 years, 7 months, 2 days.

Name of attending Physician, Dr J. V. Meigs Asst Med Examiner

Residence of Deceased—No. Chelmsford ~~Street, (or Corporation)~~, Ward .....

Occupation, Janitor Husband's Name .....

Place of Death—No. Chelmsford Mass ~~Street, (or Corporation)~~, Ward .....

Birthplace of Deceased, Wilmington Mass.

Father's Name, William Nichols Father's Birthplace, Unknown

Mother's Name, Judith J" Mother's Birthplace, "

Mother's Maiden Name, Sprague

Place of Interment, Chelmsford ~~Cemetery~~, Range ....., Lot ....., Grave, .....

Signature of Undertaker or Informer, J. W. Brooks

Dated at Lowell, this 10th day of Dec 1898

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, Dec 9th 1898

Name and Sex of Deceased, John H. Nichols male.

Place of Death—No. Chelmsford Mass ~~Street, (or Corporation)~~.

When the Child is still-born, so specify.

Disease or Cause of Death, apoplexy duration of * .....

Complications, .....

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, J. V. Meigs M.D. Associate Medical Examiner

Residence, No. 160 Street, Merrimack

Dated at Lowell, this 10th day of Dec. 1898.

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female, and when the deceased is colored please insert.]

OF

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.....189

Vol. V.

Commonwealth of Massachusetts. 46

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, | Dec 24 |
| 2. Name, | Reardon |
| (Maiden Name),* | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | M |
| Married, or Widowed, | S |
| 4. Color,† | |
| 5. Age, | —Years, —Months, —Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | Difficult Labor |
| Duration of Sickness, | |
| By whom certified, | O. A. Flint M.D. |
| 7. Residence, | E. Chelmsford |
| 8. Occupation, | |
| 9. Place of Death, | " " |
| 10. Place of Birth, | " " |
| 11. Name of Father, | Daniel R. |
| 12. Name of Mother, (Maiden Name), | Mary H Garvin |
| 13. Birthplace of Father, | E. Chelmsford |
| 14. Birthplace of Mother, | Ireland |
| 15. Place of Interment, | Lowell |
| *Signature of Undertaker or other person making the Return,* | Daniel R Reardon |

DATED at Chelmsford, on Dec 24 1889

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed Jan. 1895 —5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

47

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of ~~Lowell.~~ Chelmsford**

☞Undertakers *must* must make this return before the burial or removal of the deceased.

Date of Death, Dec 27th 189 8 Name, George E Butters

Maiden Name, ..... Sex, male; Color, .....

Single, Married or Widowed, Widowed Age, 70 years, 7 months, ..... days.

Name of Attending Physician, Dr Sanders

Residence of Deceased — No. Chelmsford Street, (or Corporation), Ward .....

Occupation, Farmer Husband's Name, .....

Place of Death — No. Chelmsford Street, (or Corporation), Ward .....

Birthplace of Deceased, Bedford Mass

Father's Name, Unknown Father's Birthplace, Bedford Mass

Mother's Name, " " Mother's Birthplace, " " " "

Mother's Maiden Name, Crawford Lowell Mass

Place of Interment, Elsewhere Cemetery, Range ....., Lot ....., Grave, .....

Signature of Undertaker or Informer, John A Venibeck

Dated at Lowell, this 27th day of Dec 189 8

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW,)

Date of Death, Dec 27th 189 8

Name and Sex of Deceased, George E Butters male.

Place of Death — No. Chelmsford Street, (or Corporation).

(When the child is still-born, so specify.)

Disease or Cause of Death, Chronic Liver & Heart Disease duration of * Probably about Two Years

Complications, —

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Charles B. Sanders M.D.

Residence, No. 475 Westford Street, Lowell

Dated at Lowell, this Twenty Seventh day of December 189 8

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female, and when the deceased is colored please insert.]

OF

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189.....

Rec

48

Commonwealth of Massachusetts.

No. .....

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | Dec. 20, 1898 |
| 2. Name, . . . . . | Mary E. Wheeler |
| (Maiden Name),* . | Mary E. Hor[illegible] |
| (Name of Husband),* | John Wheeler |
| 3. Sex, and whether single, | |
| Married, or Widowed, | married |
| 4. Color,† . . . . . | White |
| 5. Age, . . . . . | 68 Years, ..... Months, 21 Days. |
| (Disease or Cause of Death, (Primary and Secondary),‡ | Paralysis |
| 6. Duration of Sickness, . | 2 years, |
| (By whom certified, . | Dr. Sleeper |
| 7. Residence, . . . . | West Chelmsford |
| 8. Occupation, . . . . | Housewife |
| 9. Place of Death, . . . | West Chelmsford |
| 10. Place of Birth, . . . | Waterford Maine |
| 11. Name of Father, . . | William Hall |
| 12. Name of Mother, . . (Maiden Name), | [illegible] |
| 13. Birthplace of Father, . | [illegible] |
| 14. Birthplace of Mother, . | [illegible] |
| 15. Place of Interment, . | West Chelmsford |
| *Signature of Undertaker or other person making the Return*, . . . . | A. G. Parkhurst by [illegible] |

DATED at Chelmsford, on this 31st Dec 1898.

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

**[Be very particular to fill all Blanks.]**

Plate. Ed. Nov. 1890—5,000.

# AN ACT

## RELATING TO THE CERTIFICATES AND REGISTRY OF DEATHS, AND THE BURIAL AND REMOVAL OF BODIES OF DECEASED PERSONS.

*Be it enacted, etc., as follows:*

Section 1. Section three of chapter thirty-two of the Public Statutes, requiring attending physicians to furnish for registration certain facts relating to deceased persons, is amended so as to read as follows:— *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

Section 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows:— *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence, the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner [illegible] may require. Any person violating any of the provisions of this section shall [illegible]

[Approved May 4, 1888.]

49

Ed. Sept., 1889. 5 M. [Acts of 1889, Chap. 208.] Plate.

# AN ACT

## IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

*Be it enacted, etc., as follows:*

Section 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

Section 2. This act shall take effect upon its passage. [*Approved April 5, 1889.*

**Blank to be used in compliance with the foregoing.**

Copy of the Record of a

# DEATH

recorded in the books of the City of Lowell
(City or Town.)

during the month of January 1899.

| | |
|---|---|
| 1. Date of Death, | Jan. 1. 1899 |
| 2. Name, | Cordulia Larkin |
| (Maiden Name), | |
| (Name of Husband), | Edwin F. |
| 3. Sex, and whether single, | |
| Married, or Widowed, | Married |
| 4. Color, | W. |
| 5. Age, | 42 Years, Months, Days. |
| 6. Disease or Cause of Death, | Cerebral Hemorrhage |
| Duration of Sickness, | at Hospital 24 hours. |
| By whom certified, | E. R. Macintash M. D. |
| 7. Residence, | North Chelmsford |
| 8. Occupation, | At Home |
| 9. Place of Death, | St John's Hospital Lowell |
| 10. Place of Birth, | Prince Edward Island |
| 11. Name of Father, | Unknown |
| 12. Name of Mother, | " |
| 13. Birthplace of Father, | " |
| 14. Birthplace of Mother, | " |
| 15. Place of Interment, | North Chelmsford |

I certify that the foregoing is a true copy.

Attest: Grace R. Parkman

Jan. 10 1899

City Clerk.
(City or Town.)

50

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Matthew Morning Sex, Male Color, White

Date of Death, Jan. 2nd 1899; Age, ~~42~~ 41 Years, 11 Months, Days.

Maiden Name, {If married, widowed or divorced.} —

Husband's Name, —

Single, Married, Widowed or Divorced, Married Occupation, Engineer

*Residence, {If out of town, also state fully.} North Chelmsford

Place of Birth, Scotland

*Place of Death, North Chelmsford

Name of Father, John Morning

Birthplace of Father, Scotland

Maiden name of Mother, Elizabeth Nichols

Birthplace of Mother, Scotland

Place of Interment, (Give name of Cemetery), North Grafton Mass.

Dated at North Chelmsford on Jan 3rd 1899

Signature and place of business of Undertaker. Arthur H. Sheldon, North Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Matthew Morning Age, 41 Y. 11 M. D.

Place and Date of Death,‡ died at North Chelmsford Jan. 2nd 1899

Disease or Cause of Death,§ Consumption

Duration of sickness, two years.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Fred E Varney M. D.
North Chelmsford Mass

Date of Certificate, Jan. 3rd 1899.

Give also street and number, if any.
† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189.....

Filed, ..... 189 .....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town

Rec'd

5

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞ Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, Jan 6 1899 Name Albert P Perham

Maiden Name, Sex, male; Color, w

Single, Married or Widowed, Age, 49 years, 6 months, 13 days.

Name of attending Physician, Dr Porter

Residence of Deceased—No. Chelmsford Street, (or Corporation), Ward

Occupation, Farmer Husband's Name

Place of Death—No. Chelmsford Street, (or Corporation), Ward

Birthplace of Deceased, Chelmsford

Father's Name, Samuel P. Father's Birthplace,

Mother's Name, Asenath Mother's Birthplace, unknown

Mother's Maiden Name, Lewis

Place of Interment, Chelmsford Cemetery, Range , Lot , Grave,

Signature of Undertaker or Informer, J B Currier

Dated at Lowell, this 9th day of January 1899

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, Jan 6 1899

Name and Sex of Deceased, Albert Proctor Perham male.

Place of Death—No. Chelmsford Mass Street, (or Corporation).

When the Child is still-born, so specify.

Disease or Cause of Death, Pneumonia duration of * 8 days

Complications, Typhoid Fever

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Oliver P Poole M.D.

Residence, No. 253 Street, Central

Dated at Lowell, this Eighth day of Jan. 1899

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female, and when the deceased is colored please insert.]

*Approved,*

# Return in Winter

OF

.....

.....189

Rec

52

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Clemena W. Lumbert Sex, Female Color, White

Date of Death, Jan 7th 1899; Age, 63 Years, 10 Months, 4 Days.

Maiden Name, {If married, widowed or divorced.} Withey

Husband's Name, Peter Lumbert

Single, Married, Widowed or Divorced, Married Occupation,

*Residence, {If out of town, also state fully.} North Chelmsford Mass

Place of Birth, Dead River Me

*Place of Death, North Chelmsford

Name of Father, Isaac Withey

Birthplace of Father, —

Maiden name of Mother, Rebecca Proctor

Birthplace of Mother, Dead River Me

Place of Interment, (Give name of Cemetery), North Chelmsford Cemetery

Dated at North Chelmsford on Jan. 9th 1899

Signature and place of business of Undertaker. Arthur H Sheldon North Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Clemena W. Lumbert Age, 63 Y. 10 M. 4 D.

Place and Date of Death,‡ died at North Chelmsford Mass. Jan 7th 1899

Disease or Cause of Death,§ Catarrhal Pneumonia

Duration of sickness, one week

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F. E. Varney M. D. North Chelmsford

Date of Certificate, January 7th 1899.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

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at .....

Date, ..... 189....

Filed, ..... 189 .

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section
health or to the clerk of the city or town

Rec

53

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Sarah N. Cook Sex, female Color, White

Date of Death, North Jan. 7 1899; Age, 74 Years, 7 Months, 20 Days.

Maiden Name, {If married, widowed or divorced.} Cressey

Husband's Name, Jonathan B. Cook

Single, Married, Widowed or Divorced, Married Occupation, —

*Residence, {If out of town, also state fully.} N. Chelmsford Mass

Place of Birth, Rowley Mass.

*Place of Death, North Chelmsford

Name of Father, Nathaniel Cressey

Birthplace of Father, Rowley Mass

Maiden name of Mother, Sarah N. Hale

Birthplace of Mother, Rowley Mass.

Place of Interment, (Give name of Cemetery), North Chelmsford Mass.

Dated at N. Chelmsford

on Jan. 9th 1899

Signature and place of business of Undertaker. {Arthur H. Sheldon
N. Chelmsford Mass.}

If the deceased was a soldier or sailor who served in the war of the rebellion, give both the primary and secondary cause of death. See Chap. 224, Acts of 1889.

## PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Mrs. Sarah N. Cook Age, 74 y

*Date and Place of Death,* died at N Chelmsford Jan 7th 1899.

*Disease or Cause of Death,* of Bronchitis Duration of Sickness 1 day

*I certify that the above is true, to the best of my knowledge and belief.*

*Name and Residence of Certifying Physician,* [illegible]

*Date of Certificate,* Jan 9 1899.

*Or Sex of Infant (not named).

[May, 1888.]

No.

# RETURN OF THE DEATH

OF

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at .....

Date, ..... 189 ....

Filed, ..... 189 ....

er 444 of the Acts of 1897 require that every householder in whose house a death occurs, the
nt at the time of the death of any of his kindred, or the person in charge of an institution in
thin five days after the date of such a death, give notice thereof to the board of health or to
n which the death occurred. (See section 6.)

of a vessel shall give notice of the death of any person under his charge to the board of health
own within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

omply with the requirements of sections 6 and 7, five dollars. (See section 8.)

tended a person during his last illness shall forthwith after the death of said person, upon
a certificate setting forth the required facts. (See section 10.)

egleet, ten dollars. (See section 11.)

ge of the funereal rites preliminary to the interment of a human body shall obtain the physician's
with section 10, and return it, together with the facts required by section 1, to the board of
town in which the death occurred.

facts relating to deceased persons, is amended so as to read as follows: — *Section 3.* A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars.

SECTION 2. Section five of said chapter, prohibiting the burial or removal of a human body until a proper certificate is furnished, is amended so as to read as follows: — *Section 5.* No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician can not be obtained for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or register for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars. [*Approved May 4, 1888.*

Rec

524

PLEASE FILL OUT WITH INK.

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞ Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, Jan 11 1899 Name Louisa C Van Scoy

Maiden Name, Sex, Female; Color, W D

~~Single, Married or~~ Widowed, Age, 70 years, 9 months, days.

Name of attending Physician, Dr Howard

Residence of Deceased—No. Chelmsford Mass Street, (or Corporation), Ward

Occupation, at Home Husband's Name Amariah Van Scoy

Place of Death—No. Littleton St Street, (or Corporation), Ward

Birthplace of Deceased, Patterson N J

Father's Name, John Clark Father's Birthplace, Scotland

Mother's Name, Susan " " Mother's Birthplace, N J

Mother's Maiden Name, Brush

Place of Interment, Chelmsford Cemetery, Range, Lot, Grave,

Signature of Undertaker or Informer, J B Currier

Dated at Lowell, this 12th day of Jan, 1899

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, Jan 11 1899

Name and Sex of Deceased, Louisa C Van Scoy male.

Place of Death—No. Chelmsford Mass Street, (or Corporation).

When the Child is still-born, so specify.

Disease or Cause of Death, Paralysis duration of *

Complications,

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Amasa Howard M D.

Residence, ~~No.~~ Chelmsford ~~Street~~,

Dated at ~~Lowell~~ Chelmsford, this 12th day of Jan, 1899

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female, and when the deceased is colored please insert.]

*Approved,*

# RETURN OF DEATH

OF

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189.....

Rec

55

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞ Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, Jan 11 1899 Name Lucy H Lewis

Maiden Name, ..... Sex, ~~He~~ male; Color, W

~~Single, Married or~~ Widowed, ..... Age, 79 years, 10 months, 27 days.

Name of attending Physician, Dr Howard

Residence of Deceased—No. Chelmsford Mass Street, (or Corporation), Ward .....

Occupation, at Home Husband's Name Joseph Lewis

Place of Death—No. Chelmsford Street, (or Corporation), Ward .....

Birthplace of Deceased, Carlisle Mass

Father's Name, Josiah Hardyman Father's Birthplace, Merrimack N H

Mother's Name, Lucy " " Mother's Birthplace, Carlisle Mass

Mother's Maiden Name, Shankland

Place of Interment, Lowell Cemetery, Range ....., Lot ....., Grave, .....

Signature of Undertaker or Informer, J B Currier

Dated at Lowell, this 12th day of Jan, 1899

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, Jan 11 1899

Name and Sex of Deceased, Lucy H Lewis male.

Place of Death—~~No.~~ Chelmsford Mass Street, (or Corporation).

When the Child is still-born, so specify.

Disease or Cause of Death, Heart Paralysis — duration of * .....

Complications, .....

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Amos Howard, M.D.

Residence, ~~No.~~ Chelmsford ~~Street~~,

Dated at Lowell, this 12th day of Jan, 1899

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female, and when the deceased is colored please insert.]

*Approved,*

..... BOARD OF HEALTH.

# RETURN OF DEATH

OF

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.....189

Rel

56

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, January 11 1899 Name Ann Corrigan

Maiden Name, ..... Sex, male; Color, .....

~~Single~~, Married or ~~Widowed~~, ..... Age, 77 years, — months, — days.

Name of attending Physician, Varney

Residence of Deceased—No. North Chelmsford Street, (or Corporation), Ward .....

Occupation, at Home Husband's Name Frank Corrigan

Place of Death—No. North Chelmsford Street, (or Corporation), Ward .....

Birthplace of Deceased, Ireland

Father's ~~Name~~, James Conley Father's Birthplace, Tullaich

Mother's Name, Ann " " Mother's Birthplace, " "

Mother's Maiden Name, not known

Place of Interment, Lowell Mass. Cemetery, Range ....., Lot ....., Grave, .....

Signature of Undertaker or Informer, J F O'Donnell

Dated at Lowell, this Jan 12 day of Jan, 1899

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, ..... 189.....

Name and Sex of Deceased, ..... male.

Place of Death—No. ..... Street, (or Corporation).

When the Child is still-born, so specify.

Disease or Cause of Death, Bronchitis duration of * .....

Complications, .....

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Geo. E. Peesley M D

Residence, No. Main 58 Street, Rear

Dated at Lowell, this 14 day of Jany 1899

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female, and when the deceased is colored please insert.]

*Approved*,

..... BOARD OF HEALTH.

# RETURN OF DEATH

OF

.....

.....189

Rec

5

# RETURN.

Name, Oscar H Smith

Date of Death Jan 16th 1899

Age, 15 Years, 3 Months, 8 Days.

Single, Married or Widowed, Single

Maiden Name,

Physician, Dr Hearlen-

Residence No. West Chelmsford

Occupation,

Place of Death West Chelmsford

Husband's Name,

Birthplace, Sweden

Father's Name Andrew S Smith

Mother's Maiden Name Eugene Johnson

Father's Birthplace, Sweden

Mother's Birthplace, Sweden

Place of Interment West Chelmsford

Range , Lot , Grave

J. A. Weinbeck
P. B. S.

Rec

58

Commonwealth of Massachusetts.

No. .....

# RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | Jan 21 1899 |
| 2. Name, . . . . | James Randell |
| (Maiden Name),* . . | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | M |
| Married, or Widowed, | S |
| 4. Color,† . . . . . | |
| 5. Age, . . . . . | 43 Years, Months, Days. |
| (Disease or Cause of Death, (Primary and Secondary),‡ | Alcoholic Paralysis |
| 6. Duration of Sickness, . | |
| (By whom certified, | Arthur G. Woodward |
| 7. Residence, . . . . | Greenwood |
| 8. Occupation, . . . . | Laborer |
| 9. Place of Death, . . . | Greenwood |
| 10. Place of Birth, . . . | |
| 11. Name of Father, . . | |
| 12. Name of Mother, . . (Maiden Name), | |
| 13. Birthplace of Father, . | |
| 14. Birthplace of Mother, . | |
| 15. Place of Interment, . | Greenwood |
| *Signature of Undertaker or other person making the Return*, . . . . | Walter Perham |

DATED at Greenwood, on Jan 21 1899.

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec., 1896. — 5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

59

# Commonwealth of Massachusetts.

No. ...

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Willard D. Stone (after) Sex, Male Color,

Date of Death, January 22 1899 ; Age, 46 Years, 0 Months, 19 Days.

Maiden Name, {If married, widowed or divorced.} ...

Husband's Name, ...

Single, Married, Widowed or Divorced, Married Occupation, Laborer

*Residence, {If out of town, also state fully.} Chelmsford

Place of Birth, Jaffery N. H.

*Place of Death, Chelmsford

Name of Father, Jonas Spalding Stone

Birthplace of Father, (Perhaps in Billerica)

Maiden name of Mother, Sarah Elizabeth Miller

Birthplace of Mother, Billerica

Place of Interment, (Give name of Cemetery), Chelmsford Center

Dated at Chelmsford

on January 23 1899

Signature and place of business of Undertaker. Walter Perham, Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Willard D. Stone Age, 46 Y. ... M. ... D.

Place and Date of Death,‡ died at Chelmsford, January 22nd 189?

Disease or Cause of Death,§ Bright's Disease (Chronic)

Duration of sickness, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. E. H. Chamberlain, M. D.
Chelmsford, Mass.

Date of Certificate, January 22nd, 189?.

Give also street and number, if any.
† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189....

Filed, ..... 189....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

60

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Francis W Robinson Sex, Male Color,

Date of Death, Jan 24 1899; Age, 61 Years, 6 Months, Days.

Maiden Name, {If married, widowed or divorced.}

Husband's Name,

Single, Married, Widowed or Divorced, Widowed Occupation, Retired

*Residence, {If out of town, also state fully.} Chelmsford center

Place of Birth, South Gardner

*Place of Death, Chelmsford

Name of Father, Fredrick W Robinson

Birthplace of Father, Gilford Vermont

Maiden name of Mother, Mary L Damon

Birthplace of Mother, Lancaster mass

Place of Interment, (Give name of Cemetery), Lowell Cemetary

Dated at Chelmsford

on January 24 1899

Signature and place of business of Undertaker. Walter Perham, Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Francis W. Robinson Age, 61 Y. 6 M. 0 D.

Place and Date of Death,‡ died at Chelmsford, January 24, 1899

Disease or Cause of Death,§ Uraemic Convulsions

Duration of sickness, three days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Edward D. Chamberlain, M. D.
Chelmsford, Mass.

Date of Certificate, January 24, 1899.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

Francis W Robinson

at Chelmsford

Date, January 24 1899.

Filed, ..... 189 .....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of [illegible] inary to the interment of a human body shall obtain the physician's certificate made in accordance with [illegible] it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in [illegible] death occurred.

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61

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the ~~City of Lowell~~ Town of Chelmsford.**

☞ Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, Jan 29th 1899 Name Samuel Proctor Perham

Maiden Name, ..... Sex, male; Color, W.

Single, Married or Widowed, ..... Age, 83 years, 1 months, 24 days.

Name of attending Physician Dr. Howard

Residence of Deceased—No. Chelmsford ~~Street,~~ (or Corporation), Ward .....

Occupation, ..... Husband's Name .....

Place of Death—No. Chelmsford Street, (or Corporation), Ward .....

Birthplace of Deceased, Wilton N.H.

Father's Name, Samuel Father's Birthplace, Lyndboro N.H.

Mother's Name, Nancy Mother's Birthplace, Milford "

Mother's Maiden Name, Nichols

Place of Interment, Chelmsford Cemetery, Range ....., Lot ....., Grave, .....

Signature of Undertaker or Informer, J B Cumier

Dated at Lowell, this ..... day of ..... 189.....

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, Jan 29 1899

Name and Sex of Deceased, Samuel P Perham male.

Place of Death—~~No.~~ Chelmsford ~~Street, (or Corporation).~~

When the Child is still-born, so specify.

Disease or Cause of Death, Paralysis of Heart ~~duration of~~ *

Complications, Old age -

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Amasa Howard, M.D.

Residence, ~~No.~~ Chelmsford Mass. ~~Street,~~

Dated at Lowell, this 30th day of Jan. 1899.

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female, and when the deceased is colored please insert.]

*Approved,*

..... BOARD OF HEALTH.

# RETURN OF DEATH

OF

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.....189

Rec

62

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

Undertakers *must* make this return before the burial or removal of the deceased

Date of Death, Feb 4 1899 Name Adele Magnant

Maiden Name, — Sex, Female, Color, White

Single, Married or Widowed, — Age 16 years. — months. — days.

Name of attending Physician, Dr Varley

Residence of Deceased-No. North Chelmsford Street, (or Corporation), Ward —

Occupation, — Husband's Name —

Place of Death—No. North Chelmsford Street, [or Corporation], Ward —

Birthplace of Deceased, Canada

Father's Name Arthur Magnant Father's Birthplace, Canada

Mother's Name Philomene — Mother's Birthplace, —

Mother's Maiden Name, — —

Place of Interment, New Bedford Cemetery, Range —, Lot —, Grave, —

Signature of Undertaker or Informer, Joseph Albert

Dated at Lowell, this 4 day of Feb 1899

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, Feby 4th 1899

Name and Sex of Deceased, Adele Magnant Female.

Place of Death—No. North Chelmsford Street, (or Corporation.)

When the Child is still-born so specify.

Disease or Cause of Death, Pneumonia duration of* one week

Complications, —

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, F. E. Varney M.D.

Residence, No. North Chelmsford Street, —

Dated at Lowell, this Feb. 4th day of 1899

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female and when the deceased is colored please insert.]

*Approved,*

BOARD OF HEALTH.

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A Physician who has

# RETURN OF DEATH

OF [redacted]

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.....189

Rec

63

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, Feb- 7th 1899 Name, Margaret Shields

Maiden Name, Sex, male; Color,

Single, Married or Widowed, Age, years, 3 months, days.

Name of attending Physician,

Residence of Deceased—No. 48 First Street, (or Corporation), Ward

Occupation, Husband's Name

Place of Death—No. 11 Arling Court Street, (or Corporation), Ward

Birthplace of Deceased, Lowell

Father's Name, Francis J Shields Father's Birthplace, Ireland

Mother's Name, Margaret " Mother's Birthplace, " "

Mother's Maiden Name, Loran

Place of Interment, St Patrick's Cemetery, Range , Lot , Grave,

Signature of Undertaker or Informer, John F Rogers

Dated at Lowell, this 8th day of Feb 1899

## Physician's Certificate of the Cause of Death.

William M. Jones, M. D.,

219 Central Street, Lowell, Mass.

℞ Hours, 2 to 4 and 7 to 9.

This infant, Margaret Shields, was removed from the City Farm, Lowell Mass. Feb. 3, 1899. At the time of removal the child was doing well. I saw it last on the above date and know nothing of its condition subsequently.

W. M. Jones, M.D.

Feb. 9, 1899

GOODALE'S DRUG STORE, 217 CENTRAL ST., LOWELL.

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**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, February 17th 1899 Name Walter B McNaughton

Maiden Name, / Sex, male; Color, White

Single, Married or Widowed, Widowed Age, 71 years, ..... months, ..... days.

Name of attending Physician, Dr Varney

Residence of Deceased—No. North Chelmsford Street, (or Corporation), Ward .....

Occupation, ..... Husband's Name .....

Place of Death—No. North Chelmsford Street, (or Corporation), Ward .....

Birthplace of Deceased, Scotland

Father's Name, John McNaughton Father's Birthplace, Scotland

Mother's Name, Mary .. Mother's Birthplace, .. ..

Mother's Maiden Name, Mary Brown

Place of Interment, Tyngsborough Cemetery, Range ....., Lot ....., Grave, .....

Signature of Undertaker or Informer, C M Young & Co

Dated at Lowell, this 18th day of February 1899

## PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Walter B McNaughton Age, 71

*Date and Place of Death,†* - died at North Chelmsford Feb. 17th 1899,

*Disease or Cause of Death,* - of Hemiplegia
*(Primary and Secondary.)‡*

*Duration of Sickness,* - -

*I certify that the above is true, to the best of my knowledge and belief.*

*Signature and Residence of Certifying Physician,* F. E. Varney North Chelmsford,

*Date of Certificate,* Feb 18th 1899.

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896.—5,000.

Approved,

..... BOARD OF HEALTH.

A Physician who has attended a person during his last illness, if requested to do so by the next

1891

OF

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65

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

Undertakers *must* make this return before the burial or removal of the deceased

Date of Death, Feb 18 1899 Name Ann Mooney

Maiden Name, Gill Sex, female, Color,

Single, Married or Widowed, W Age 85 years. months days.

Name of attending Physician, E L Chamberlain

Residence of Deceased-No. Borrodell Street, (~~or Corporation~~), ~~Ward~~

Occupation, At home Husband's Name

Place of Death—No. Chelmsford Mass. ~~Street,~~ [or Corporation], ~~Ward~~

Birthplace of Deceased, Ireland

Father's Name, James Father's Birthplace, Ireland

Mother's Name, Bridget Mother's Birthplace, "

Mother's Maiden Name, Sheehan

Place of Interment, Lowell Cemetery, Range Lot Grave,

Signature of Undertaker or Informer, Peter H. Savage

Dated at Lowell, this 18th day of Feb 1899

## PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Mrs. Ann Mooney Age, 85

*Date and Place of Death,†* died at Chelmsford, Mass, February 17, 1899,

*Disease or Cause of Death,* (*Primary and Secondary.*)‡ of Old Age

*Duration of Sickness,*

*I certify that the above is true, to the best of my knowledge and belief.*

*Signature and Residence of Certifying Physician,* Edward H. Chamberlain, Chelmsford, Mass.

*Date of Certificate,* February 18th 1899.

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896.—5,000.

# RETURN OF DEATH

OF

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Rec

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Adeline Parkhurst Spalding Sex, Female Color,

Date of Death, Feb. 19 1899; Age, 84 Years, Months, Days.

Maiden Name, {If married, widowed or divorced.} Adeline Parkhurst

Husband's Name, Elbridge P Spalding

Single, Married, Widowed or Divorced, Widow Occupation,

*Residence, {If out of town, also state fully.} Chelmsford

Place of Birth, Chelmsford

*Place of Death, Chelmsford

Name of Father, John Parkhurst

Birthplace of Father, Chelmsford

Maiden name of Mother, Sierviah Manning

Birthplace of Mother, Billerica

Place of Interment, (Give name of Cemetery), Chelmsford Center

Dated at Chelmsford

on February 20 1899

Signature and place of business of Undertaker. Walter Pepham, Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Addine P. Spalding Age, 84 Y. M. D.

Place and Date of Death,‡ died at Chelmsford, Mass., February 19, 1899

Disease or Cause of Death,§ Paralysis

Duration of sickness,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Edward H. Chamberlain, M. D.
Chelmsford, Mass.

Date of Certificate, February 20th, 1899.

Give also street and number, if any.
† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

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at .....

Date, ..... 189.....

Filed, ..... 189 .....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

[illegible] funereal rites preliminary to the interment of a human body shall obtain the physician's [illegible] section 1 to the board of

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67

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Lizanna N. Dutton Sex, Female Color,

Date of Death, Feb. 20 1899; Age, 44 Years, 2 Months, Days.

Maiden Name, {If married, widowed or divorced.} Lizanna N. Perham

Husband's Name, Lewis L Dutton

Single, Married, Widowed or Divorced, Widow Occupation, Housewife

*Residence, {If out of town, also state fully.} Chelmsford

Place of Birth, Chelmsford

*Place of Death, Chelmsford

Name of Father, Samuel W. P. Perham

Birthplace of Father, Wilton N. H.

Maiden name of Mother, Ozenath (Lewis)

Birthplace of Mother, Francestown, N. H.

Place of Interment, (Give name of Cemetery), Chelmsford Center

Dated at Chelmsford, Mass. Signature and place of business of Undertaker. Walter Perham

on Feb. 21, 1899 Chelmsford.

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Lizanna N. Dutton Age, 44 Y. 2 M. D.

Place and Date of Death,‡ died at Chelmsford Feb 20 1899

Disease or Cause of Death,§ Pulmonary Tuberculosis

Duration of sickness,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Robert E. Bell M. D.
Lowell Mass.

Date of Certificate, Feb 21 1899.

Give also street and number, if any.
† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

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at .....

Date, ..... 189....

Filed, ..... 189 ....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

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68

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, George E. Durant Sex, Male Color, White

Date of Death, March 4th 1899; Age, 55 Years, 2 Months, 6 Days.

Maiden Name, {If married, widowed or divoreed.} ~~Widowed~~

Husband's Name, —

Single, Married, Widowed or Divoreed, Widowed Occupation, Blacksmith

*Residence, {If out of town, also state fully.} North Chelmsford Mass.

Place of Birth, North Chelmsford "

*Place of Death, North Chelmsford "

Name of Father, Thomas Durant

Birthplace of Father, Chelmsford Mass.

Maiden name of Mother, Elizabeth (Marshall) Durant

Birthplace of Mother, Sharon N. H.

Place of Interment, (Give name of Cemetery), North Chelmsford Cemetery

Dated at North Chelmsford
on March 6th 1899

Signature and place of business of Undertaker. {Arthur H. Sheldon, North Chelmsford}

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† George E Durant Age, 55 Y. 2 M. 6 D.

Place and Date of Death,‡ died at North Chelmsford March 4 1899

Disease or Cause of Death,§ Acute Pleurisy

Duration of sickness, two weeks

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. {F E Varney M. D., North Chelmsford}

Date of Certificate, March 5th 1899.

Give also street and number, if any.
† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

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George B Dennett

at .....

Date, ..... 189....

Filed, ..... 189 . .

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10,

health or to the clerk of the city or town in w'

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69

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

☞ Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death, March 7th 1899 Name, Julia A Huntress

Maiden Name, Snowbridge Sex, male; Color,

Single, Married or Widowed, Married Age, 55 years, 3 months, 11 days.

Name of attending Physician, Dr Solomon

Residence of Deceased—No. No Chelmsford Street, (or Corporation), Ward

Occupation, Husband's Name

Place of Death—No. No Chelmsford Street, (or Corporation), Ward

Birthplace of Deceased, Snowbridge

Father's Name, Theniaz P Snowbridge Father's Birthplace,

Mother's Name, Silvia Mother's Birthplace,

Mother's Maiden Name,

Place of Interment, Eastern Cemetery, Range, Lot, Grave,

Signature of Undertaker or Informer, John A Weinbeck

Dated at Lowell, this 9th day of March 1899

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, March 9th 1899

Name and Sex of Deceased, Julia A. Huntress Female.

Place of Death—No. North Chelmsford Street, (or Corporation).

When the Child is still-born, so specify.

Disease or Cause of Death, Paralysis duration of * One Year

Complications, Cerebral Lesion

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, William D Solomon M.D

Residence, No. No 8 Middlesex Street,

Dated at Lowell, this Thursday 9 day of March 1899

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female, and when the deceased is colored please insert.]

*Approved,*

# RETURN OF DEATH

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**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

Undertakers *must* make this return before the burial or removal of the deceased

Date of Death, March 14th 1899 Name Mary Mc Enaney

Maiden Name, ..... Sex, male, Color, .....

~~Single~~, ~~Married~~ or Widowed, ..... Age 9 years. 7 months 7 days.

Name of attending Physician, Dr Varney

Residence of Deceased-No. North Chelmsford Street, (or Corporation), Ward .....

Occupation, ..... Husband's Name .....

Place of Death—No. North Chelmsford ~~Street~~, [or Corporation], Ward .....

Birthplace of Deceased, Ireland

Father's Name, Patrick Mc Enaney Father's Birthplace, Ireland

Mother's Name, Alice " " Mother's Birthplace, " "

Mother's Maiden Name, " Mc Scally

Place of Interment, Catholic Lowell Cemetery, Range —, Lot ....., Grave, .....

Signature of Undertaker or Informer, James F. O'Donnell

Dated at Lowell, this 14 day of March 1899

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, March 14 1899

Name and Sex of Deceased, Mary Mc Enaney ~~male~~ female.

Place of Death—No. North Chelmsford Street, (or Corporation.)

When the Child is still-born so specify.

Disease or Cause of Death, Old Age duration of* —

Complications, .....

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, F A Varney M D.

Residence, No. North Chelmsford Street, .....

Dated at Lowell, this 14th day of March 1899

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fc" before male when the deceased is a female and when the deceased is colored please insert.]

*Approved,*

# OF DEATH

OF

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**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the ~~City of Lowell.~~** Town of Chelmsford Mass

Undertakers *must* make this return before the burial or removal of the deceased

Date of Death, Mar 16 1899 Name Harry L Merrill

Maiden Name, Sex, male, Color, W

Single, ~~Married~~ or ~~Widowed~~, Age 26 years. 10 months 26 days.

Name of attending Physician, Dr Chamberlain

Residence of Deceased-~~No.~~ Chelmsford ~~Street,~~ (or Corporation), Ward

Occupation, — Husband's Name

Place of Death—~~No.~~ Chelmsford ~~Street~~, [or Corporation], Ward

Birthplace of Deceased, Plymouth Mass

Father's Name, Ingman P Merrill Father's Birthplace, Plymouth Mass

Mother's Name, Emeretia B " " Mother's Birthplace, " " " "

Mother's Maiden Name, Warren

Place of Interment, Plymouth ~~Mass~~ Cemetery, Range, Lot, Grave,

Signature of Undertaker or Informer, J B Currier

Dated at Lowell, this 17 day of Mar 1899

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, Mar 16 1899

Name and Sex of Deceased, Harry L Merrill male.

Place of Death—~~No.~~ Chelmsford Mass Street, (or Corporation.)

When the Child is still-born so specify.

Disease or Cause of Death, Tuberculosis duration of* —

Complications, —

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Edward H. Chamberlain M D

Residence, ~~No.~~ Chelmsford ~~Street,~~ Mass

Dated at ~~Lowell,~~ Chelmsford this twentieth day of March 1899

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female and when the deceased is colored please inscrt.]

*Approved,*

# RETURN OF DEATH

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**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

Undertakers *must* make this return before the burial or removal of the deceased

Date of Death, Mar 26 1899 Name Clarissa P Hunt

Maiden Name, Sex, female, Color,

~~Single, Married or~~ Widowed, Age 67 years. 6 months 26 days.

Name of attending Physician, Dr Chamberlain

Residence of Deceased-No. High Street, (~~or Corporation~~), ~~Ward~~

Occupation, ~~wife~~ Home Husband's Name Amos Hunt

Place of Death—No. Street, [or Corporation], Ward

Birthplace of Deceased, Carlisle Vt.

Father's Name, John Preston Father's Birthplace, Rumney NH

Mother's Name, Eunice Preston Mother's Birthplace, unknown

Mother's Maiden Name, Carpenter

Place of Interment, Carlisle Vt. Cemetery, Range, Lot, Grave,

Signature of Undertaker or Informer, J B Currier

Dated at Lowell, this 29 day of Mar 1899

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, Mar 26 1899

Name and Sex of Deceased, Clarissa P Hunt male.

Place of Death—No. High St Chelmsford ~~Street~~, (or Corporation.)

When the Child is still-born so specify.

Disease or Cause of Death, Senile Debility duration of* ——

Complications, ——

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Edward F. Chamberlain, M. D.

Residence, ~~No.~~ Chelmsford ~~Street~~, Mass.

Dated at ~~Lowell~~ Chelmsford, this 27th day of March 1899

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female and when the deceased is colored please insert.]

*Approved,*

# DEATH

OF

189

73

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

Undertakers *must* make this return before the burial or removal of the deceased

Date of Death, April 3d 1899 Name Mary J. McGillivan

Maiden Name, / Sex, male, Color,

Single, ~~Married~~ or ~~Widowed~~, / Age 11 years. 2 months. 7 days.

Name of attending Physician, D. S. Howard

Residence of Deceased-No. East Chelmsford Street, (or Corporation), Ward

Occupation, / Husband's Name

Place of Death—No. East Chelmsford Street, [or Corporation], Ward

Birthplace of Deceased, Lowell Mass

Father's Name, Michael McGillivan Father's Birthplace, Ireland

Mother's Name, Rose Mother's Birthplace,

Mother's Maiden Name, Conway

Place of Interment, Athol Cemetery, Range , Lot , Grave,

Signature of Undertaker or Informer, James F. O'Donnell

Dated at Lowell, this 3d day of April 1899

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, Apr. 3d 1899

Name and Sex of Deceased, Mary J. McGillivan female.

Place of Death—~~No.~~ Chelmsford East ~~Street~~, (or Corporation.)

When the Child is still-born so specify.

Disease or Cause of Death, Anaemia duration of* 8 months

Complications, Bronchitis

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Thomas Howard M.D.

Residence, ~~No.~~ Chelmsford ~~Street~~,

Dated at Lowell, this 5th day of Apr. 1899

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female and when the deceased is colored please insert.]

# RETURN OF DEATH

OF

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74

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

Undertakers *must* make this return before the burial or removal of the deceased

Date of Death, April 5 1899 Name Henriette Tremblay

Maiden Name, Henriette Perreault Sex, Female, Color, White

~~Single~~, Married or ~~Widowed~~, Age 45 years. — months. — days.

Name of attending Physician, Dr Rochette

Residence of Deceased-No. Chemsford Center Street, (or Corporation), Ward

Occupation, Housekeeper Husband's Name Jule Tremblay

Place of Death—No. Chemsford Center Street, [or Corporation], Ward

Birthplace of Deceased, Canada

Father's Name, Jule Perreault Father's Birthplace, Canada

Mother's Name, Marie — Mother's Birthplace,

Mother's Maiden Name, —

Place of Interment, Chemsford Cemetery, Range , Lot , Grave,

Signature of Undertaker or Informer, Joseph Albert

Dated at Lowell, this 6 day of April 1899

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, August 5 1899

Name and Sex of Deceased, Henriette Tremblay male.

Place of Death—No. Chelmsford Center Street, (or Corporation.)

When the Child is still-born so specify.

Disease or Cause of Death, Epilepsy duration of* 2 years

Complications,

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Dr Rochette

Residence, No. 740 Merrimack Street,

Dated at Lowell, this 6 te day of August 1899

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female and when the deceased is colored please insert.]

# RETURN OF DEATH

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75

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

Undertakers *must* make this return before the burial or removal of the deceased

Date of Death, April 15 1899 Name Theodore Tremblay

Maiden Name, — Sex, — male, Color, White

Single, ~~Married or Widowed,~~ Age — years. — months. 3 days.

Name of attending Physician, Dr Rochette

Residence of Deceased-No. — Chemsford Centre Street, (or Corporation), Ward

Occupation, — Husband's Name

Place of Death—No. Chemsford Centre Street, [or Corporation], Ward

Birthplace of Deceased, Lowell

Father's Name, Jules Tremblay Father's Birthplace, Canada

Mother's Name, Anna — Mother's Birthplace,

Mother's Maiden Name, — Fortin

Place of Interment, Chemsford Cemetery, Range , Lot , Grave,

Signature of Undertaker or Informer, Joseph Albert

Dated at Lowell, this 15 day of April 1899

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, April 15 1899

Name and Sex of Deceased, Theodore Tremblay male.

Place of Death—No. Chemsford Center Street, (or Corporation.)

When the Child is still-born so specify.

Disease or Cause of Death, Debility duration of* 3 days.

Complications,

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Dr Rochette

Residence, No. 740 Merrimack Street,

Dated at Lowell, this 16 day of April 1899

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female and when the deceased is colored please insert.]

# RETURN OF DEATH

OF

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Ref

76

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Edwin Lincoln Russell Sex, M Color,

Date of Death, April 22 1899 ; Age, 38 Years, ~~38~~ 8 Months, 17 Days.

Maiden Name, {If married, widowed or divorced.}

Husband's Name,

Single, Married, Widowed or Divorced, Single Occupation, Farmer

*Residence, {If out of town, also state fully.} Chelmsford, Mass.

Place of Birth, " " "

*Place of Death, " " "

Name of Father, Abbott Russell

Birthplace of Father, Townsend, Mass.

Maiden name of Mother, Statira Garland

Birthplace of Mother, Topsham, Vt.

Place of Interment, (Give name of Cemetery), Chelmsford Center

Dated at Chelmsford

on April 22 1899

Signature and place of business of Undertaker. Walter Perham Chelmsford Mass.

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Edwin Lincoln Russell Age, 38 Y. M. 17 D.

Place and Date of Death,‡ died at Chelmsford, Mass, April 22d, 1899

Disease or Cause of Death,§ Heart Failure induced by Pneumonia

Duration of sickness, 5½ days.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifyiug Physician. Edward H. Chamberlain, M. D.
Chelmsford, Mass

Date of Certificate, April 23d 1899.

Give also street and number, if any.
† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189.....

Filed, ..... 189 .....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

77

Ed. Sept., 1889. 5 M. [Acts of 1889, Chap. 208.] Plate.

# AN ACT

## IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

*Be it enacted, etc., as follows:*

Section 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

Section 2. This act shall take effect upon its passage. [*Approved April 5, 1889.*

**Blank to be used in compliance with the foregoing.**

Copy of the Record of a

# DEATH

recorded in the books of the City of Lowell.
(City or Town.)

during the month of April 1899.

| | |
|---|---|
| 1. Date of Death, | April 13 1899 |
| 2. Name, | Amelia Gammell, |
| (Maiden Name), | Davis |
| (Name of Husband), | — |
| 3. Sex, and whether single, | Female, |
| Married, or Widowed, | Married |
| 4. Color, | W. |
| 5. Age, | 50 Years, Months, Days. |
| 6. Disease or Cause of Death, | Fibroid Tumor |
| Duration of Sickness, | |
| By whom certified, | J. C. Irish M. D. |
| 7. Residence, | West Chelmsford |
| 8. Occupation, | At Home |
| 9. Place of Death, | St Johns Hospital Lowell, |
| 10. Place of Birth, | Princeton Mass, |
| 11. Name of Father, | Isaac Davis |
| 12. Name of Mother, | Lydia Davis |
| 13. Birthplace of Father, | — |
| 14. Birthplace of Mother, | — |
| 15. Place of Interment, | Lowell Cemetery |

I certify that the foregoing is a true copy.

Attest: Girard C. Sadman

April 22 1899.

C C Clerk.
(City or Town.)

No. 78

Commonwealth of Massachusetts.

# RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, | March 23rd 1899 |
| 2. Name, | Samuel Hodgson |
| (Maiden Name),* | — |
| (Name of Husband),* | — |
| 3. Sex, and whether single, Married, or Widowed, | Male, Married |
| 4. Color,† | White |
| 5. Age, | 61 Years, 9 Months, 27 Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | Cancer of the liver |
| Duration of Sickness, | three months |
| By whom certified, | F. E. Varney M. D. |
| 7. Residence, | North Chelmsford Mass. |
| 8. Occupation, | Overseer |
| 9. Place of Death, | North Chelmsford Mass. |
| 10. Place of Birth, | Bradford, England |
| 11. Name of Father, | Jonas Hodgson. |
| 12. Name of Mother, (Maiden Name), | — (Hodgson) Hodgson |
| 13. Birthplace of Father, | Bradford, England |
| 14. Birthplace of Mother, | Bradford, England |
| 15. Place of Interment, | North Chelmsford, Mass. |
| *Signature of Undertaker or other person making the Return,* | Arthur H. Sheldon |

DATED at North Chelmsford, on March 24 1899

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec., 1896.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, James Wilbur Patchen Sex, M. Color,

Date of Death, May 11 1899; Age, 74 Years, 2 Months, Days.

Maiden Name, {If married, widowed or divorced.}

Husband's Name,

Single, Married, Widowed or Divoreed, Married Occupation, Farmer

*Residence, {If out of town, also state fully.} Chelmsford Mass.

Place of Birth, Rochester Monroe County Pennsylvania

*Place of Death, Chelmsford

Name of Father,

Birthplace of Father,

Maiden name of Mother,

Birthplace of Mother,

Place of Interment, (Give name of Cemetery), Chelmsford Center

Dated at Chelmsford
on May 11 1899

Signature and place of business of Undertaker. Walter Perham
Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† James Wilbur Patchen Age, 74 Y. 2 M. D.

Place and Date of Death,‡ died at Chelmsford, Mass, May 11th 1899

Disease or Cause of Death,§ Heart Disease

Duration of sickness, about three days.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. E. H. Chamberlain M. D.
Chelmsford, Mass.

Date of Certificate, May 11th 1899.

Give also street and number, if any.
† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189.....

Filed, ..... 189.....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rel

Commonwealth of Massachusetts. 80

No. .....

# RETURN OF A DEATH.

## To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | May 14th 1899 |
| 2. Name, . . . . . | Clifford Dowell |
| (Maiden Name),* . | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | Male |
| Married, or Widowed, | |
| 4. Color,† . . . . . | W |
| 5. Age, . . . . . | — Years, 4 Months, — Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | Acute meningitis |
| Duration of Sickness, . | 10 days |
| By whom certified, . | G. A. Harlow, M. D. |
| 7. Residence, . . . . | West Chelmsford |
| 8. Occupation, . . . . | |
| 9. Place of Death, . . . | West Chelmsford |
| 10. Place of Birth, . . . | Lowell |
| 11. Name of Father, . . | B. F. Dowell |
| 12. Name of Mother, . . (Maiden Name), | Mary B Lang |
| 13. Birthplace of Father, . | Bath N H |
| 14. Birthplace of Mother, . | Barnstead N H |
| 15. Place of Interment, . | West Chelmsford |
| *Signature of Undertaker or other person making the Return*, . . . . | A. G. Parkhurst |

DATED at West Chelmsford, on May 17th 1899

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

81

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**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the ~~City of Lowell.~~ Town of Chelmsford**

Undertakers must make this return before the ~~burial or~~ removal of the deceased

Date of Death, May 23 1899 Name Timothy F. Lyons

Maiden Name, Sex, male, Color,

~~Single~~, Married or ~~Widowed~~, Age 34 years. months days.

Name of attending Physician, D E Yanney N. Chelmsford

Residence of Deceased-No. Highlandan Street, (or Corporation), Ward

Occupation, Laborer Husband's Name

Place of Death—No. Highlandan N. Chelmsford Street, [or Corporation], Ward

Birthplace of Deceased, Ireland

Father's Name, Patrick Lyons Father's Birthplace, Ireland

Mother's Name, Catherine Mother's Birthplace,

Mother's Maiden Name, Riordan

Place of Interment, Catholic Cemetery, Range Lot, Grave,

Signature of Undertaker or Informer, James F. O'Donnell

Dated at Lowell, this 23 day of May 1899

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, May 23 1899

Name and Sex of Deceased, Timothy Lyons male.

Place of Death—No. North Chelmsford Street, (or Corporation.)

When the Child is still-born so specify.

Disease or Cause of Death, Pneumonia duration of* ten days

Complications,

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, F E Yanney M D.

Residence, No. North Chelmsford Street,

Dated at Lowell, this 23rd day of May 1899

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female and when the deceased is colored please insert.]

# RETURN OF DEATH

OF

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.....*189*

Rev

82

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

Undertakers *must* make this return before the burial or removal of the deceased

Date of Death, May 25th 1899 Name, P Thomas Pepin

Maiden Name, ..... Sex, male, Color, .....

Single, Married or Widowed, Married Age 33 years. ..... months ..... days.

Name of attending Physician, Dr Howard

Residence of Deceased-No. Richmond Street, (or Corporation), Ward .....

Occupation, Painter Husband's Name .....

Place of Death—No. Richmond Street, [or Corporation], Ward .....

Birthplace of Deceased, Canada

Father's Name, Peter Pepin Father's Birthplace, Canada

Mother's Name, Mary Ann Mother's Birthplace, Ireland

Mother's Maiden Name, Burke

Place of Interment, Reckon Cemetery, Range ....., Lot ....., Grave, .....

Signature of Undertaker or Informer, John A Weinbeck

Dated at Lowell, this 25th day of May 1899

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, May 25th 1899

Name and Sex of Deceased, P Thomas Pepin male.

Place of Death—No. Richmond Street, (or Corporation.)

When the Child is still-born so specify.

Disease or Cause of Death, Valvular disease of Heart duration of* several months.

Complications, Hepatitis.

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Chas A Howard M.D.

Residence, ~~No.~~ Richmond ~~Street~~,

Dated at Lowell, this 25th day of May 1899

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female and when the deceased is colored please insert.]

*Approved,*

..... BOARD OF HEALTH.

# RETURN OF DEATH

OF

D. Thomas Perkins

May 25 1899

Rec

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

Undertakers *must* make this return before the burial or removal of the deceased

Date of Death, May 30 1899 Name Sibala Smith

Maiden Name, ..... Sex, male, Color, .....

Single, Married or Widowed, Single Age 28 years. ..... months ..... days.

Name of attending Physician, Dr Varney

Residence of Deceased-No. No Chelmsford Street, (or Corporation), Ward .....

Occupation, Mill Operative Husband's Name .....

Place of Death—No. No Chelmsford Street, [or Corporation], Ward .....

Birthplace of Deceased, Ireland

Father's Name Thomas Smith Father's Birthplace, Ireland

Mother's Name, Fanny " Mother's Birthplace, .....

Mother's Maiden Name Sharrad

Place of Interment, Lowell Inner Cemetery, Range ....., Lot ....., Grave, .....

Signature of Undertaker or Informer, Jos A Kenneally

Dated at Lowell, this 30th day of May 1899

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## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, May 30th 1899

Name and Sex of Deceased, Sibala Smith male.

Place of Death—No. No Chelmsford Street, (or Corporation.)

When the Child is still-born so specify.

Disease or Cause of Death, Consumption duration of* Eight months

Complications, tubercular deposit in pelvis

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, F E Varney MD

Residence, No. North Chelmsford Street, .....

Dated at Lowell, this 31st day of May 1899

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female and when the deceased is colored please insert.]

*Approved,*

..... BOARD OF HEALTH.

# RETURN OF DEATH

OF

.....

.....189

Parkhurst

Rel

Commonwealth of Massachusetts.

84

No. .....

# RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | May 30. 1899 |
| 2. Name, . . . . . | Fs. Ed Downs |
| (Maiden Name),* . | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | Male |
| Married, or Widowed, | Widower |
| 4. Color,† . . . . . | White |
| 5. Age, . . . . . | 27 Years, Months, Days. |
| (Disease or Cause of Death, (Primary and Secondary),‡ | Pneumonia with effusion |
| 6. Duration of Sickness, . | and Gangrene of lung three weeks. |
| (By whom certified, . | F.E. Varney, M.D. |
| 7. Residence, . . . . | West Chelmsford |
| 8. Occupation, . . . . | ..... |
| 9. Place of Death, . . . | " |
| 10. Place of Birth, . . . | England |
| 11. Name of Father, . . | George Downs |
| 12. Name of Mother, . . (Maiden Name), | Martha E. [illegible] |
| 13. Birthplace of Father, . | [illegible] England |
| 14. Birthplace of Mother, . | " |
| 15. Place of Interment, . | Pinehill Co |
| *Signature of Undertaker or other person making the Return*, . . . . | A P Richardson |

DATED at West Chelmsford MASS. on May 31, 1899

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec., 1896.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Rec'd 83

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Calvin T. Wright Sex, male Color, white

Date of Death, June 9 1899 ; Age, 80 Years, 1 Months, 23 Days.

Maiden Name, {If married, widowed or divorced.}

Husband's Name,

Single, Married, Widowed or Divorced, widower Occupation, farmer

*Residence, {If out of town, also state fully.} Chelmsford

Place of Birth, Chelmsford

*Place of Death, Chelmsford

Name of Father, Zaccheus Wright

Birthplace of Father,

Maiden name of Mother, Betsy Putnam

Birthplace of Mother,

Place of Interment, (Give name of Cemetery), Chelmsford

Dated at Lowell

on June 9 1899

Signature and place of business of Undertaker. Walter Perham
Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Calvin T. Wright Age, 80 Y. 1 M. 23 D.

Place and Date of Death,‡ died at Chelmsford June 9th 1899

Disease or Cause of Death,§ Cystitis and Senile degineration.

Duration of sickness, Several months.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Amasa Howard. M. D.
Chelmsford Mass.

Date of Certificate, June 9th 1899.

Give also street and number, if any.
† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

Calvin T. Wright

at Cheesmsford

Date, June 9 1899.

Filed, June 10 1899.

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

PLEASE FILL OUT WITH INK.

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death July 2 1899 Name James Ashworth

Maiden Name ... Sex male, Color, White

Single, Married or Widowed Married Age 60 years 2 months 8 days.

Name of attending Physician, Dr. Arthur G. Scobria

Residence of Deceased, No. Chelmsford Street, (or Corporation), Ward

Occupation, Overseer Husband's Name

Place of Death, No. Chelmsford Street, (or Corporation), Ward

Birthplace of Deceased, England

Father's Name, James Ashworth Father's Birthplace, England

Mother's Name, Margaret " Mother's Birthplace, " England

Mother's Maiden Name, " Unknown

Place of Interment, Richardson Cemetery, Range , Lot , Grave

Signature of Undertaker or Informer, C M Manning & Co

Dated at Lowell, this July 3 day of July 1899

## Physician's Certificate of the cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, July 2nd. 1899

Name and Sex of Deceased, James Ashworth male.

Place of Death, ~~No.~~ Chelmsford ~~Street~~, (or Corporation.)

When the Child is still-born, so specify.

Disease or cause of Death, Leukaemia, duration of* Indefinite Sick abed about 6 or 7 weeks.

Complications,

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title Arthur G. Scobria, M.D.

Residence, No. Chelmsford, Mass. Street,

Dated at Lowell, this July 3, day of 1899

*Reckoned to the time of Death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female and when the deceased is colored please insert.]

*Approved*,

BOARD OF HEALTH.

# RETURN OF DEATH

OF

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.....189

Rec

87 1

**PLEASE FILL OUT WITH INK.**

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

Undertakers *must* make this return before the burial or removal of the deceased

Date of Death, July 2 1899 Name Marie Perry

Maiden Name, [illegible] Sex, male, Color,

Single, Married or Widowed, Age years. 2 months days.

Name of attending Physician, Sweetser

Residence of Deceased-No. Lowell Street, (or Corporation), Ward

Occupation, — Husband's Name

Place of Death—No. Highland Park Belmont Street, [or Corporation], Ward

Birthplace of Deceased, Lowell

Father's Name, Joseph Perry Father's Birthplace, Western Island

Mother's Name, Roze Perry Mother's Birthplace,

Mother's Maiden Name, Roze Isabell Lowell

Place of Interment, Catholic Cemetery, Range Lot, Grave,

Signature of Undertaker or Informer, J. H. McDermott

Dated at Lowell, this 2nd day of July 1899

## Physician's Certificate of the Cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, July 2 1899

Name and Sex of Deceased, Marie Perry male.

Place of Death—No. Belmont Street, (or Corporation.)

When the Child is still-born so specify.

Disease or Cause of Death, Tuberculor Meningitis duration of* 2 months

Complications, Diarrhoea

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title, Chas. L. Sweetser M. D.

Residence, No. 276 Merrimack Street,

Dated at Lowell, this 3 day of July 1899

*Reckoned to the time of death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female and when the deceased is colored please insert.]

*Approved,*

BOARD OF HEALTH.

# RETURN OF DEATH

OF

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.....189

PLEASE FILL OUT WITH INK.

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death June 24 1899 Name Francois A. Gervais

Maiden Name — Sex — male, Color, White

Single, ~~Married or Widowed~~ Age 1 years 6 months — days.

Name of attending Physician, Dr Richard

Residence of Deceased, No. Chemesford Center Street, (or Corporation), Ward

Occupation, — Husband's Name

Place of Death, No. Chemesford Center Street, (or Corporation), Ward

Birthplace of Deceased, " "

Father's Name, Adelard Gervais Father's Birthplace, Canada

Mother's Name, Eugenie — Mother's Birthplace,

Mother's Maiden Name, — Berard

Place of Interment, Chemesford Cemetery, Range , Lot , Grave

Signature of Undertaker or Informer, Joseph Allen

Dated at Lowell, this 24 day of June 1899

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## Physician's Certificate of the cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, 189

Name and Sex of Deceased, male.

Place of Death, No. Street, (or Corporation.)

When the Child is still-born, so specify.

Disease or cause of Death, Gastro Enteritis duration of*

Complications, Dentition

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title M. Richard M. D. C. M.

Residence, No. 307 Middlesex Street,

Dated at Lowell, this 25 day of June 1899

*Reckoned to the time of Death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female and when the deceased is colored please insert.]

*Approved*,

BOARD OF HEALTH

# RETURN OF DEATH

OF

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.....189

Rec

89

# Commonwealth of Massachusetts.

No. .....

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Emma Louisa Russell Sex, Female Color, White

Date of Death, June 22 1899; Age, 62 Years, ..... Months, ..... Days.

Maiden Name, {If married, widowed or divorced.} Emma Louisa Paine

Husband's Name, David A Russell

Single, Married, Widowed or Divorced, ..... Occupation, .....

*Residence, {If out of town, also state fully.} Chelmsford Mass

Place of Birth, Eastport Maine

*Place of Death, Chelmsford Mass

Name of Father, J. A. Paine

Birthplace of Father, Standish Maine

Maiden name of Mother, Margaret Stevens

Birthplace of Mother, Portland Maine

Place of Interment, (Give name of Cemetery), Eastport Me.

Dated at Chelmsford Mass Signature and place of business of Undertaker. Walter Perham

on June 22 1899 Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Emma Louisa Russell Age, 62 Y. ..... M. ..... D.

Place and Date of Death,‡ died at Chelmsford, Mass, June 22 1899

Disease or Cause of Death,§ Cancer

Duration of sickness, several months.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Amasa Howard M. D.

Chelmsford Mass.

Date of Certificate, June 23rd 1899.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189.....

Filed, ..... 189 ....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of th... ...all ... physician's certificate made in accordance with sec... ...ction 1, to the board of health or to the clerk of the city or to...

90

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Willie Chandler Sex, M Color, W

Date of Death, June 20 1897 ; Age, 20 Years, 1 Months, Days.

Maiden Name, {If married, widowed or divorced.}

Husband's Name,

Single, Married, Widowed or Divorced, Occupation, Farmer

*Residence, {If out of town, also state fully.} Chelmsford

Place of Birth, Chelmsford

*Place of Death, "

Name of Father, Warren Chandler

Birthplace of Father, Westford

Maiden name of Mother, Frances H Ingalls

Birthplace of Mother, Tyngsboro

Place of Interment, (Give name of Cemetery), North Chelmsford

Dated at Chelmsford

on June 20 1897

Signature and place of business of Undertaker. Walter Perham Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Willie Chandler Age, 20 Y. 1 M. D.

Place and Date of Death,‡ died at Chelmsford Mass. June 20th 1897

Disease or Cause of Death,§ Pleuritis with Hepatized Lung.

Duration of sickness, 6 months.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Amasa Howard M. D.
Chelmsford.

Date of Certificate, June 21 1897.

Give also street and number, if any.
† Or sex of Infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

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at .....

Date, ..... 189 ..

Filed, ..... 189 .

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the f... ...ary to the interment of a human body shall o... ...the physician's certificate made in accordance with secti... ...t, together with the facts required by section ... of health or to the clerk of the city or tow... ...rred.

91

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Edee P Stevens Sex, F Color, W.

Date of Death, July 14 1899; Age, 78 Years, 4 Months, 4 Days.

Maiden Name, {If married, widowed or divorced.} Edee P Wright

Husband's Name, Samson Stevens

Single, Married, Widowed or Divorced, Married Occupation, Housewife

*Residence, {If out of town, also state fully.} Chelmsford

Place of Birth, Westford

*Place of Death, Chelmsford

Name of Father, Asa Wright

Birthplace of Father, Westford

Maiden name of Mother, Bathsheba Dadmun

Birthplace of Mother, Chelmsford (Probably

Place of Interment, (Give name of Cemetery), South Chelmsford

Dated at Chelmsford

on July 14 1899

Signature and place of business of Undertaker. Walter Perham Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Edee P. Stevens Age, 78 Y. 4 M. 4 D.

Place and Date of Death,‡ died at Chelmsford July 14th 1899

Disease or Cause of Death,§ Senile degeneration and nervous Exhaustion.

Duration of sickness,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Amasa Howard M. D.
Chelmsford Mass

Date of Certificate, July 14th 1899.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189.....

Filed, ..... 189 ..... .

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

92

Commonwealth of Massachusetts.

No. .....

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, . . . | July 17th 1899 |
| 2. Name, . . . . . | Lucy G. Hoyt |
| (Maiden Name),* . | Lucy G. Fuller |
| (Name of Husband),* | Justin J. Hoyt |
| 3. Sex, and whether single, | |
| Married, or Widowed, | Widowed |
| 4. Color,† . . . . . | W |
| 5. Age, . . . . . | 71 Years, 2 Months, 27 Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | Exhaustion from Hemiplegia |
| Duration of Sickness, . | 11 months |
| By whom certified, . | F. E. Varney M. D. |
| 7. Residence, . . . . | West Chelmsford |
| 8. Occupation, . . . . | Housekeeper |
| 9. Place of Death, . . . | West Chelmsford |
| 10. Place of Birth, . . . | Norridgewock |
| 11. Name of Father, . . | Alden Fuller |
| 12. Name of Mother, . . (Maiden Name), | Melinda Gould |
| 13. Birthplace of Father, . | Fairfield Me. |
| 14. Birthplace of Mother, . | Norridgewock Me |
| 15. Place of Interment, . | West Chelmsford |
| *Signature of Undertaker or other person making the Return*, . . . . | A. G. Parkhurst |

DATED at West Chelmsford, on July 17th 1899

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. September, 1892.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease. If a physician neglects or refuses to make a certificate, as aforesaid, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom the body of a deceased person until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Rec

91

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Nathan B. Lapham. Sex, Male Color, White.

Date of Death, July 24, 1899; Age, 61 Years, 0 Months, 0 Days.

Maiden Name, {If married, widowed or divorced.}

Husband's Name,

Single, Married, Widowed or Divorced, Married Occupation, Farmer.

*Residence, {If out of town, also state fully.} South Chelmsford Mass.

Place of Birth, Groton, Mass.

*Place of Death, South Chelmsford.

Name of Father, Wm. Lapham.

Birthplace of Father, Boston.

Maiden name of Mother, Elizabeth C. Brown

Birthplace of Mother, Littleton, Mass.

Place of Interment, (Give name of Cemetery), Hart Pond Cemetery.

Dated at So Chelmsford.
on July 24, 1899.

Signature and place of business of Undertaker. Daniel F Byam
So Chelmsford Mass

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Nathan B Lapham Age, 61 Y. M. D.

Place and Date of Death,‡ died at So. Chelmsford, Mass., July 24, 1899.

Disease or Cause of Death,§ Chronic Nephritis, Cystitis, Heart-hypertrophy.

Duration of sickness, About three years.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Arthur G. Seaborn, M. D.
Chelmsford, Mass.

Date of Certificate, July 25, 1899.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

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at .....

Date, ..... 189....

Filed, ..... 189....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

FORM C.

92

# Commonwealth of Massachusetts.

No. .....

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Warner S Smith Sex, ..... Color, White

Date of Death, Aug 2" 1899; Age, 14 Years, — Months, 21 Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, .....

Single, Married, Widowed or Divorced, ..... Occupation, .....

*Residence, {If out of town, also state fully.} Wightman st Chelmsford

Place of Birth, Lowell Mass

*Place of Death, Chelmsford

Name of Father, Geo a Smith

Birthplace of Father, Hartford V T

Maiden name of Mother, Harriet Seackman

Birthplace of Mother, Auburn Maine

Place of Interment, (Give name of Cemetery), Edson Lowell

Dated at Lowell mass

on Aug 2 " 1899

Signature and place of business of Undertaker. {C M Manning & Co 33 Prescott st

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Warner S Smith Age, 14 Y. M. 2 D.

Place and Date of Death, died at Wightman St Aug 2nd 1899

Disease or Cause of Death,‡ Paralysis

Duration of sickness, .....

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. {E H Parker M. D. Lowell Mass

Date of Certificate, Aug 3 1899.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.

# RETURN OF THE DEATH

OF

_____

at _____

Date, _____ 189____.

Filed, _____ 189____.

**Acts of 1897, Chapter 444.**

[Extracts from Sections 6, 7, 8, 10, 11 and 12.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

93

PLEASE FILL OUT WITH INK.

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death Aug 15 1899 Name Eliza Woodroffe Woods

Maiden Name Eliza W. Darby Sex female, Color, W

Single, Married or Widowed Married Age 57 years 10 months 20 days.

Name of attending Physician, E. H. Packer

Residence of Deceased, No. North Chelmsford Street, (or Corporation), Ward

Occupation, Husband's Name

Place of Death, No. North Chelmsford Street, (or Corporation), Ward

Birthplace of Deceased, Olney Worcestershire England

Father's Name, Charles Darby Father's Birthplace, England

Mother's Name, Mary Darby Mother's Birthplace, "

Mother's Maiden Name, " Whittock

Place of Interment, No Chelmsford Cemetery, Range , Lot , Grave

Signature of Undertaker or Informer, John A. Murdock

Dated at Lowell, this 16th day of August 1899

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## Physician's Certificate of the cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, August 15 1899

Name and Sex of Deceased, Eliza Woodroffe Woods female.

Place of Death, No. North Chelmsford Street, (or Corporation.)

When the Child is still-born, so specify.

Disease or cause of Death, Cancer duration of*

Complications,

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title E. H. Packer, M.D.

Residence, No. Street,

Dated at Lowell, this 17 day of August 1899

*Reckoned to the time of Death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female and when the deceased is colored please insert.]

*Approved*,

BOARD OF HEALTH.

# RETURN OF DEATH

OF

Eliza V. Woods

Aug. 5 189[illegible]

Lot 94

PLEASE FILL OUT WITH INK.

# UNDERTAKER'S RETURN

**To the Board of Health and the Clerk of the City of Lowell.**

Undertakers *must* make this return before the burial or removal of the deceased.

Date of Death Aug 23rd 1899 Name Moses C Huntoon

Maiden Name / Sex male, Color, W

Single, Married or Widowed Widowed Age 88 years 7 months days.

Name of attending Physician, Dr Howard

Residence of Deceased, No. Chelmsford ~~Street,~~ (or Corporation), Ward

Occupation, Merchant Husband's Name

Place of Death, No. Chelmsford Mass ~~Street,~~ (or Corporation), Ward

Birthplace of Deceased, Warner N H

Father's Name, Daniel Huntoon Father's Birthplace, Unknown

Mother's Name, Betsey " Mother's Birthplace, "

Mother's Maiden Name, Caley

Place of Interment, Edson Cemetery, Range , Lot , Grave

Signature of Undertaker or Informer, J W Brooks

Dated at Lowell, this 24 day of Aug 1899

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## Physician's Certificate of the cause of Death.

(SEE EXTRACTS FROM ACTS OF LEGISLATURE BELOW.)

Date of Death, Aug 23rd 1899

Name and Sex of Deceased, Moses C Huntoon male.

Place of Death, No. Chelmsford Mass ~~Street,~~ (or Corporation.)

When the Child is still-born, so specify.

Disease or cause of Death, Paralysis duration of*

Complications, old age

*I certify that the above is a true return to the best of my recollection and belief.*

Name and Professional Title Amasa Howard M. D.

Residence, ~~No.~~ Chelmsford ~~Street,~~

Dated at Lowell, this 24th day of Aug. 1899.

*Reckoned to the time of Death.

[Be very particular to fill the blanks, and strike out words that are not correct, such as street or corporation, single, married or widowed, and insert "fe" before male when the deceased is a female and when the deceased is colored please insert.]

*Approved*,

BOARD OF HEALTH.

# RETURN OF DEATH

OF

Moses C. Hunt wood

1897

95

FORM C.

# Commonwealth of Massachusetts.

No. .....

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Thomas H. Gaire Sex, ..... Color, .....

Date of Death, Sept 7th 189 9; Age, 34 Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, .....

~~Single~~, Married, ~~Widowed~~ or ~~Divorced~~, ..... Occupation, Clerk

*Residence, {If out of town, also state fully.} North Chelmsford

Place of Birth, " " "

*Place of Death, " " "

Name of Father, Thomas H. Gaire

Birthplace of Father, Ireland

Maiden name of Mother, Ellen Sullivan

Birthplace of Mother, " " Ireland

Place of Interment, (Give name of Cemetery), St Patricks Cemetery Lowell

Dated at Lowell Mass

on Sept 7 189 9

Signature and place of business of Undertaker. James F. Conner
324 Merrimack St

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Thomas H. Gaire, Age, 34 Y. M. D.

Place and Date of Death, died at North Chelmsford, Mass Sept 7th 1899

Disease or Cause of Death,‡ Pulmonary Tuberculosis

Duration of sickness, one year

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician { Thomas B. Finch, M. D.
Wyman Exch, Lowell, Mass

Date of Certificate, Sept. 8 1899.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. ....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189....

Filed, ..... 189....

**Acts of 1897, Chapter 444.**

[Extracts from Sections 6, 7, 8, 10, 11 and 12.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

FORM C.

# Commonwealth of Massachusetts.

No. .....

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, William H Hoyt Sex, ..... Color, White

Date of Death, September 8th 1899; Age, 78 Years, 11 Months, — Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, .....

Single, Married, Widowed or Divorced, M Occupation, Retired

*Residence, {If out of town, also state fully.} South St Chelmsford Center

Place of Birth, Barnstead N. H.

*Place of Death, South St Chelmsford Center

Name of Father, James Hoyt

Birthplace of Father, Unknown

Maiden name of Mother, Abbie Stevens

Birthplace of Mother, Unknown

Place of Interment, (Give name of Cemetery), Chelmsford Mass

Dated at Lowell Mass

on Sept 8 1899

Signature and place of business of Undertaker. {C M Wood & Co
33 Prescott St

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† William H Hoyt Age, 78 Y. 11 M. — D.

Place and Date of Death, died at Chelmsford Cent Sept 8 1899

Disease or Cause of Death,‡ Tuberculosis.

Duration of sickness, Between two and three Years

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. {George W. Wilson M. D.
Lowell. Mass.

Date of Certificate, Sept 9th 1899.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189 ....

Filed, ..... 189 ....

**Acts of 1897, Chapter 444.**

[Extracts from Sections 6, 7, 8, 10, 11 and 12.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge o[illegible] body shall obtain the physician's certificate made in accordance w[illegible] the board of health or to the clerk of the city

2 C

97

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Geneva Florence Dunn Sex, F Color,

Date of Death, Sept 19 1899 ; Age, 4 Years, 8 Months, 9 Days.

Maiden Name, {If married, widowed or divoreed.}

Husband's Name,

Single, Married, Widowed or Divoreed, Occupation,

*Residence, {If out of town, also state fully.} Chelmsford

Place of Birth, Sinnens Me.

*Place of Death, Chelmsford

Name of Father, Leroy Dunn

Birthplace of Father, Greatford Me

Maiden name of Mother, Gertrude Mckenzie

Birthplace of Mother, Sinnens Me.

Place of Interment, (Give name of Cemetery), Chelmsford Center

Dated at Chelmsford

on Sept 21 1899

Signature and place of business of Undertaker. Walter Perham, Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Geneva Florence Dunn Age, 4 Y. 8 M. 9 D.

Place and Date of Death,‡ died at Chelmsford, September 19th 1899

Disease or Cause of Death,§ Acute Laryngitis

Duration of sickness, about 2 1/2 days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Edward H. Chamberlain, M. D.
Chelmsford.

Date of Certificate, September 24th 1899.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189....

Filed, ..... 189....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Commonwealth of Massachusetts.

No. 98

# RETURN OF A DEATH.

To the Clerk of the Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, | Sept. 22nd 1899 |
| 2. Name, | William Cook |
| (Maiden Name),* | — |
| (Name of Husband),* | — |
| 3. Sex, and whether single, | Male — Single |
| Married, or Widowed, | — |
| 4. Color,† | White |
| 5. Age, | Years, 4 Months, 4 Days. |
| 6. Disease or Cause of Death, (Primary and Secondary),‡ | Marasmus |
| Duration of Sickness, | |
| By whom certified, | F. E. Varney M. D. |
| 7. Residence, | North Chelmsford Mass. |
| 8. Occupation, | — |
| 9. Place of Death, | North Chelmsford Mass |
| 10. Place of Birth, | North Chelmsford Mass. |
| 11. Name of Father, | Joseph E. Cook |
| 12. Name of Mother, (Maiden Name), | Ellen (Lee) Cook |
| 13. Birthplace of Father, | England |
| 14. Birthplace of Mother, | England |
| 15. Place of Interment, | North Chelmsford Mass. |
| *Signature of Undertaker or other person making the Return,* | Arthur H. Sheldon |

DATED at N. Chelmsford, on Sept. 22nd 1899

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Jan. 1895.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

FORM C.

99

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, James Kiren Sex, Male Color, White

Date of Death, Sept 23 1899; Age, 35 Years, ... Months, ... Days.

Maiden Name, {If married, widowed or divorced.} ...

Husband's Name, ...

Single, Married, Widowed or Divorced, ... Occupation, Foreman

*Residence, {If out of town, also state fully.} East Chelmsford

Place of Birth, " " " "

*Place of Death, " " " "

Name of Father, Thomas Kiren

Birthplace of Father, Ireland

Maiden name of Mother, Mary Little

Birthplace of Mother, Ireland

Place of Interment, (Give name of Cemetery), St Patrick's Lowell Mass

Dated at Lowell Mass

on 23 of Sept 1899

Signature and place of business of Undertaker. { J. F. O'Donnell
324 Merrimack St Lowell Mass

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† James Kiren Age, 35 Y. ... M. ... D.

Place and Date of Death, died at East Chelmsford Sept. 23, 189

Disease or Cause of Death,‡ Intercerebral

Duration of sickness, ...

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. { Arthur Edward Leary, M. D.
222 Merrimack St
Lowell, Mass

Date of Certificate, Sept 25, 1899.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189 .....

Filed, ..... 189 .....

**Acts of 1897, Chapter 444.**

[Extracts from Sections 6, 7, 8, 10, 11 and 12.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10 and in accordance with the facts required by section 1, to

100

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Anna Larkin Sex, F Color, W

Date of Death, Sept 24 1899; Age, 14 Years, — Months, — Days.

Maiden Name, {If married, widowed or divorced.}

Husband's Name,

Single, ~~Married~~, ~~Widowed~~ or ~~Divorced~~, Occupation,

*Residence, {If out of town, also state fully.} No. Chelmsford

Place of Birth, Grantville

*Place of Death, No. Chelmsford

Name of Father, John

Birthplace of Father, England

Maiden name of Mother, Mary A. Gannon

Birthplace of Mother, Ireland

Place of Interment, (Give name of Cemetery), Lowell

Dated at No. Chelmsford Signature and place of business of Undertaker. John Larkin Jr

on Sept 25 1899

## PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Annie Larkin Age, 14

*Date and Place of Death,†* - died at North Chelmsford Sept. 24 1899.

*Disease or Cause of Death,* - of Pneumonia

*(Primary and Secondary.)‡*

*Duration of Sickness,* - -

*I certify that the above is true, to the best of my knowledge and belief.*

*Signature and Residence of Certifying Physician,* F. A. Varney M D North Chelmsford

*Date of Certificate,* Sept. 24 1899.

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896.—5,000.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189....

Filed, ..... 189....

er 444 of the Acts of 1897 require that every householder in whose house a death occurs, the
ent at the time of the death of any of his kindred, or the person in charge of an institution in
ithin five days after the date of such a death, give notice thereof to the board of health or to
n which the death occurred. (See section 6.)

of a vessel shall give notice of the death of any person under his charge to the board of health
town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

ttended a person during his last illness shall forthwith after the death of said person, upon
n a certificate setting forth the required facts. (See section 10.)

neglect, ten dollars. (See section 11.)

the interment of a human body shall obtain the physician's

the board of

tration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Commonwealth of Massachusetts.

No. 2d 101

# RETURN OF A DEATH.

To the Clerk of the City or Town in which the Death occurred.

| | |
|---|---|
| 1. Date of Death, | Oct. 15th 1899 |
| 2. Name, | |
| (Maiden Name),* | |
| (Name of Husband),* | |
| 3. Sex, and whether single, | Male |
| Married, or Widowed, | |
| 4. Color,† | White |
| 5. Age, | — Years, 5 Months, — Days. |
| (Disease or Cause of Death, (Primary and Secondary),‡ | Stillborn |
| 6. Duration of Sickness, | |
| (By whom certified, | F. E. Varney M. D. |
| 7. Residence, | North Chelmsford Mass. |
| 8. Occupation, | |
| 9. Place of Death, | North Chelmsford Mass. |
| 10. Place of Birth, | North Chelmsford Mass. |
| 11. Name of Father, | James H. McCoy |
| 12. Name of Mother, (Maiden Name), | Catherine (Fay) McCoy |
| 13. Birthplace of Father, | North Chelmsford Mass. |
| 14. Birthplace of Mother, | Ireland |
| 15. Place of Interment, | Lowell Mass |
| *Signature of Undertaker or other person making the Return,* | Arthur H. Sheldon |

DATED at N. Chelmsford, on October 15th 1899

* If a Married Woman or Widow. ‡ If a Soldier who served in the War of the Rebellion.
† If other than White. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Plate. Ed. Dec., 1896.—5,000.

[*Public Statutes, Chapter 32, as amended by Acts of 1888, Chapter 306; Acts of 1889, Chapter 224; Acts of 1893, Chapter 263.*]

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for registration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which he died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate, stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neglects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Rec.

102

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, [illegible] Sex, [illegible] Color, White

Date of Death, Oct 19 1899; Age, [illegible] Years, [illegible] Months, 5 Days, 15

Maiden Name, {If married, widowed or divorced.}

Husband's Name,

Single, Married, Widowed or Divorced, [illegible] Occupation, [illegible]

*Residence, {If out of town, also state fully.} So. Chelmsford, Mass.

Place of Birth, [illegible]

*Place of Death, So. Chelmsford, Mass.

Name of Father, [illegible]

Birthplace of Father,

Maiden name of Mother, [illegible]

Birthplace of Mother,

Place of Interment, (Give name of Cemetery), [illegible]

Dated at So. Chelmsford

on Oct 19 1899

Signature and place of business of Undertaker. Walter Perham, Chelmsford Mass

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† 63 yrs., 5 mths., 15 ds. Age, Y. M. D.

Place and Date of Death,‡ died at So. Chelmsford, Mass., Oct. 19, 1899

Disease or Cause of Death,§ Chronic Nephritis

Duration of sickness, About three years.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Arthur G. Seaborn M. D.
Chelmsford, Mass.

Date of Certificate, Oct. 20, 1899.

Give also street and number, if any.
† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189....

Filed, ..... 189 ..

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's cer[illegible] accordance with section 10, [illegible] return it, together with [illegible] to the board of health or to the clerk of the city or town in which the death occurred.

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Mary A. Spaulding. Sex, Fe male Color, White.

Date of Death, Oct. 24, 1899; Age, 74 Years, ..... Months, ..... Days.

Maiden Name, {If married, widowed or divorced.} Mary A Richardson.

Husband's Name, Isaiah B Spaulding.

Single, Married, Widowed or Divorced, Widowed Occupation, Housekeeper

*Residence, {If out of town, also state fully.} So. Chelmsford Mass.

Place of Birth, Boston, Mass.

*Place of Death, So. Chelmsford Mass.

Name of Father, Zachus Richardson

Birthplace of Father, Townsend, Mass.

Maiden name of Mother, Elizr. Fisher

Birthplace of Mother, Bolton Mass

Place of Interment, (Give name of Cemetery), East Pond So. Chelmsford.

Dated at So. Chelmsford.
on Oct. 24 1899.

Signature and place of business of Undertaker. Daniel P. Byam
So. Chelmsford Mass

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Mary A. Spaulding. Age, 74 Y. ..... M. ..... D.

Place and Date of Death,‡ died at So. Chelmsford, Mass., Oct. 24, 1899

Disease or Cause of Death,§ Paralysis

Duration of sickness, About three years.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Arthur G. Sobora, M. D.
Chelmsford Mass.,

Date of Certificate, Oct. 25, 1899.

Give also street and number, if any.
† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.
§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189 ..

Filed, ..... 189 ..

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made [illegible] the board of health or to [illegible]

Rec

FORM C.

101

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Simon Magnus Sex, Male Color, White

Date of Death, Oct 29th 1899; Age, 15 Years, ..... Months, ..... Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, .....

Single, Married, Widowed or Divorced, ..... Occupation, .....

*Residence, {If out of town, also state fully.} Middlesex County Truant School

Place of Birth, Unknown

*Place of Death, Middlesex County Truant School

Name of Father, Philip Magnus

Birthplace of Father, England

Maiden name of Mother, Unknown

Birthplace of Mother, Unknown

Place of Interment, (Give name of Cemetery), Pinelea Grave

Dated at Lowell

on 30th Oct 1899

Signature and place of business of Undertaker. John A Weinbeck

88 a Middlesex St

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Simon Magnus Age, 15 Y. M. D.

Place and Date of Death, died at North Chelmsford Oct 29 1899

Disease or Cause of Death,‡ Erysipelas

Duration of sickness, one week

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F. E. Varney M. D.

North Chelmsford

Date of Certificate, Nov. 2d 1899.

* Give also street and number, if any.

† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.

‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189....

Filed, ..... 189....

**Acts of 1897, Chapter 444.**

[Extracts from Sections 6, 7, 8, 10, 11 and 12.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of a human body shall obtain the physician's certificate made
the board of health or

Re 2

105

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Nellie Carlson Sex, Female Color, b

Date of Death, Oct 30th 1899; Age, 1 Years, 3 Months, Days.

Maiden Name, {If married, widowed or divorced.}

Husband's Name,

Single, Married, Widowed or Divorced, Occupation,

*Residence, {If out of town, also state fully.} West Chelmsford

Place of Birth, West Chelmsford

*Place of Death, West Chelmsford

Name of Father, Julius Carlson

Birthplace of Father, Sweden

Maiden name of Mother, Sofia Carlson

Birthplace of Mother, Sweden

Place of Interment, (Give name of Cemetery), West Cremetery

Dated at West Chelmsford

on the 31st of Oct 1899

Signature and place of business of Undertaker. A. G. Parkhurst

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Nellie Carlson Age, Y. 1 M. 3 D.

Place and Date of Death,‡ died at West Chelmsford Oct 30th 1899

Disease or Cause of Death,§ Convulsions

Duration of sickness, two hours

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Varney M. D.
North Chelmsford

Date of Certificate, Oct 30th 1899.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189 .

Filed, ..... 189 .

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

... to the interment of a human body shall obtain the physician's ... to the board of

city

Form C.

106

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Frank H. Mooney Sex, Color,

Date of Death, Oct. 30 1899; Age, 21 Years, 3 Months, Days.

Maiden Name, {If married, widowed or divorced.}

Husband's Name,

Single, Married, Widowed or Divorced, Occupation,

*Residence, {If out of town, also state fully.} Evergreen St. Chelmsford Mass

Place of Birth, Lowell Mass.

*Place of Death, Chelmsford Mass.

Name of Father, Thomas

Birthplace of Father, Ireland

Maiden name of Mother, Mary Hart

Birthplace of Mother, Ireland

Place of Interment, (Give name of Cemetery) St. Patricks Cemetery Lowell Mass.

Dated at Lowell

on 30 Oct 1899

Signature and place of business of Undertaker. Peter H. Savage 169 Worthen St Lowell Mass.

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Frank H. Mooney Age, 21 Y. 3 M. D.

Place and Date of Death, died at Chelmsford Mass. Oct. 30th, 1899.

Disease or Cause of Death,‡ Consumption

Duration of sickness, about one year

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. E. H. Chamberlain M. D.
Chelmsford

Date of Certificate, October 31st, 1899.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189 ....

Filed, ..... 189 ....

**Acts of 1897, Chapter 444.**

[Extracts from Sections 6, 7, 8, 10, 11 and 12.]

Section 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

Section 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

Section 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

Section 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

Section 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

Section 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made
the board of health or to th

Res

107

# Commonwealth of Massachusetts.

No. _____

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Still Born - Harrington Sex, Male Color, _____

Date of Death, Nov 16th 1899; Age, _____ Years, _____ Months, _____ Days.

Maiden Name, {If married, widowed or divorced.} _____

Husband's Name, _____

Single, Married, Widowed or Divoreed, _____ Occupation, _____

*Residenee, {If out of town, also state fully.} _____

Place of Birth, West Chelmsford

*Plaee of Death, " "

Name of Father, William M Harrington

Birthplaee of Father, New Brunswick

Maiden name of Mother, Rhoda Grant

Birthplace of Mother, New Brunswick

Place of Interment, (Give name of Cemetery), West Chelmsford

Dated at West Chelmsford Signature and place of business of Undertaker. A G Parkhurst

on Nov 16th 1899 West Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deeeased,† _____ Harrington Age, _____ Y. _____ M. _____ D.

Plaee and Date of Death,‡ died at West-Chelmsford Nov 16th 1899

Disease or Cause of Death,§ _____

stillborn

Duration of sickness, _____

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Varney M. D.
North Chelmsford

Date of Certificate, Nov 17 1899.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189 ....

Filed, ..... 189 ....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's

... section 1, to the board of

108

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Bridget Fay Sex, F Color,

Date of Death, November 29, 1899; Age, 73 Years, Months, Days.

Maiden Name, {If married, widowed or divoreed.} Lardiar

Husband's Name, John

Single, Married, Widowed or Divoreed, W. Occupation,

*Residence, {If out of town, also state fully.} Chelmsford

Place of Birth, Ireland

*Place of Death, Chelmsford

Name of Father, William Lardiar

Birthplace of Father, Ireland

Maiden name of Mother,

Birthplace of Mother, Ireland

Place of Interment, (Give name of Cemetery), Lowell

Dated at Chelmsford

on Nov. 30 1899

Signature and place of business of Undertaker. William his & Fay

Chelmsford

## PHYSICIAN'S CERTIFICATE.

*Name and Age of Deceased,** Bridget Faye Age, 73 years.

*Date and Place of Death,†* - died at Chelmsford Nov. 29th 1899,

*Disease or Cause of Death,* - *(Primary and Secondary.)‡* of Gastritis

*Duration of Sickness,* -

*I certify that the above is true, to the best of my knowledge and belief.*

*Signature and Residence of Certifying Physician,* Amasa E Howard MD.

*Date of Certificate,* Nov. 30th 1899.

* Or Sex of Infant (not named). If stillborn so state. † If child died immediately after birth so state. ‡ If a soldier or sailor who served in the War of the Rebellion.

Plate. Ed. December, 1896.—5,000.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189 .....

Filed, ..... 189 .....

:4 of the Acts of 1897 require that every householder in whose house a death occurs, the
t the time of the death of any of his kindred, or the person in charge of an institution in
five days after the date of such a death, give notice thereof to the board of health or to
ich the death occurred. (Sec section 6.)
vessel shall give notice of the death of any person under his charge to the board of health
within the Commonwealth at which his vessel first arrives after such death. (Sec section 7.)
y with the requirements of sections 6 and 7, five dollars. (Sec section 8.)
d a person during his last illness shall forthwith after the death of said person, upon
ertificate setting forth the required facts. (See section 10.)
t, ten dollars. (See section 11.)
the funereal rites preliminary to the interment of a human body shall obtain the physician's
section 10, and return it together with the facts required by section 1, to the board of

SECTION 3. A physician who has attended a person during his last illness shall, when requested, forthwith furnish for regis tration, a certificate stating, to the best of his knowledge and belief, the name of the deceased, his age, the disease of which h died, the duration of his last sickness, and the date of his decease; and a physician who has attended at a birth of a child dying immediately thereafter, or at the birth of a stillborn child, shall, when requested, forthwith furnish for registration a certificate stating to the best of his knowledge and belief the fact that such a child died after birth or was born dead. If a physician neg lects or refuses to make a certificate as aforesaid, or makes a false statement therein, he shall be punished by a fine not exceeding fifty dollars. In case the deceased was a soldier or a sailor who served in the war of the rebellion, the physician shall give both the primary and the secondary or immediate cause of death as nearly as he can state the same. If a physician refuses or neglects to make such certificate he shall forfeit to the treasurer the sum of ten dollars for the use of the town in which he resides.

SECTION 5. No undertaker, sexton or other person shall bury in a city or town or remove therefrom a human body until he has received a permit so to do from the board of health or its duly appointed agent, or, if there is no board of health in such city or town, from the city or town clerk. No such permit shall be issued until there has been delivered to such board, or agent or clerk, as the case may be, a satisfactory written statement containing the facts required by this chapter to be returned and recorded, together with the certificate of the attending physician, if any, as required by section three of this chapter, or in lieu thereof a certificate as hereinafter provided. If there is no attending physician, or if the certificate of the attending physician cannot be obtained, for good and sufficient reasons, early enough for the purpose, the chairman of the board of health or any physician employed by a city or town for the purpose shall, upon request of said board, agent or clerk, make such certificate as is required of the attending physician; and in case of death by violence the medical examiner shall, if requested, make the same. When such satisfactory statement and certificate are delivered to the board of health or to its agent, the board or agent shall forthwith countersign and transmit the same to the clerk or registrar for registration. The person to whom the permit is so given shall thereafter furnish for registration any other information as to the deceased or to the manner and cause of the death, as the clerk or registrar may require. Any person violating any of the provisions of this section shall be punished by a fine not exceeding fifty dollars.

Form C.

109

# Commonwealth of Massachusetts.

No.....

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Sarah Thomas. Sex, female Color, color.

Date of Death, Dec 7 1899; Age, 65 Years, 11 Months, 18 Days.

Maiden Name, {If married, widowed or divorced.} married Corcoran Hill.

Husband's Name, John Thomas.

Single, Married, Widowed or Divorced, married Occupation, at home

*Residence, {If out of town, also state fully} North Chelmsford.

Place of Birth, England

*Place of Death, North Chelmsford.

Name of Father, Jas. Hill

Birthplace of Father, England.

Maiden Name of Mother, Corcoran.

Birthplace of Mother, England

Place of Interment, (Give name of Cemetery), Edson.

Dated at Lowell.

on Dec 7 1899

Signature and place of business of Undertaker. C. M. Young & Co 33 Prescott St.

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Sarah Thomas Age, 65 Y. 11 M. 18 D.

Place and Date of Death, died at North Chelmsford Dec 7 1899.

Disease or Cause of Death,‡ Typhoid Fever

Duration of sickness, three week

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Varney M. D.
North Chelmsford

Date of Certificate Dec 8th 1899

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH.

OF

.....

at .....

Date, ..... 1 .....

Filed, ..... 1 .....

**Acts of 1897, Chapter 444.**

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

110

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Charles Calvin Ward Sex, M. Color, W.

Date of Death, December 9 1899; Age, 64 Years, 11 Months, 0 Days.

Maiden Name, {If married, widowed or divorced.}

Husband's Name,

Single, Married, Widowed or Divorced, Married Occupation, Carpenter

*Residence, {If out of town, also state fully.} Chelmsford

Place of Birth, Springfield Vermont

*Place of Death, Chelmsford

Name of Father,

Birthplace of Father,

Maiden name of Mother,

Birthplace of Mother,

Place of Interment, (Give name of Cemetery), Edson Cemetery, Lowell

Dated at Chelmsford

on Dec 9 1899

Signature and place of business of Undertaker. Walter Perham, Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Chas. Calvin Ward Age, 64 Y. 11 M. 0 D.

Place and Date of Death,‡ died at Chelmsford, Mass, Dec. 9 1899

Disease or Cause of Death,§ Chronic Phthisis,

Duration of sickness, Indefinite,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Arthur G. Scobria M. D.
Chelmsford, Mass.

Date of Certificate, Dec. 11 1899.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189....

Filed, ..... 189 .

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

111

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Joanna Trubey Sex, F. Color, W.

Date of Death, Dec. 11th 1899; Age, 68 Years, 1 Months, Days.

Maiden Name, {If married, widowed or divorced.} Joanna Stanbury

Husband's Name, George E. Trubey

Single, Married, Widowed or Divoreed, ~~Married~~ Widow Occupation, —

*Residence, {If out of town, also state fully.} North Chelmsford Mass.

Place of Birth, England

*Place of Death, North Chelmsford Mass.

Name of Father, John Stanbury

Birthplace of Father, England

Maiden name of Mother, —

Birthplace of Mother, England

Place of Interment, (Give name of Cemetery), North Chelmsford Cemetery

Dated at North Chelmsford on Dec. 11th 1899

Signature and place of business of Undertaker. Arthur H. Sheldon, North Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Joanna Trubey Age, 68 Y. 1 M. D.

Place and Date of Death,‡ died at North Chelmsford Dec 11th 1899

Disease or Cause of Death,§ Pneumonia

Duration of sickness, one week

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F. E. Varney M. D.
North Chelmsford

Date of Certificate, Dec 11th 1899.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. _____

# RETURN OF THE DEATH

OF

_____

at _____

Date, _____ 189__.

Filed, _____ 189__.

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal [illegible] shall obtain the physician's certificate made in [illegible] of the clerk of the [illegible]

Rec

112

FORM C.

## Commonwealth of Massachusetts.

No. .....

# RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Edith L Mulno Sex, Female Color, W

Date of Death, Dec 11 1899; Age, 26 Years, 5 Months, 22 Days.

Maiden Name, {If married, widowed or divorced.} Ebert

Husband's Name, Walter H Mulno

Single, Married, Widowed or Divorced, ..... Occupation, At Home

*Residence, {If out of town, also state fully} Chelmsford Mass

Place of Birth, Pittsfield N H

*Place of Death, Chelmsford

Name of Father, Horace G Ebert

Birthplace of Father, Chelmsford

Maiden Name of Mother, Mary E Dennett

Birthplace of Mother, Pittsfield N H

Place of Interment, (Give name of Cemetery), Lowell Cemetery Lowell

Dated at Lowell Dec 11/99 on .....

Signature and place of business of Undertaker. J B Cumer Lowell

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Edith L Mulno Age, 26 Y. 5 M 22 D.

Place and Date of Death, died at Chelmsford I .....

Disease or Cause of Death,‡ Acute Tuberculosis,

Duration of sickness, Indefinite.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Arthur G Scobria M. D.
Chelmsford, Mass.

Date of Certificate Dec 11 1899

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Dr Scobria

No.....

# RETURN OF THE DEATH.

OF

.....

at .....

Date,..... 1.....

Filed,..... 1.....

**Acts of 1897, Chapter 444.**

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECT

Rec

118

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Jacob Spaulding Sex, Color,

Date of Death, Dec 11 1899 ; Age, 90 Years, 5 Months, 15 Days.

Maiden Name, {If married, widowed or divorced.}

Husband's Name,

Single, Married, Widowed or Divorced, Widowed Occupation, Farmer

*Residence, {If out of town, also state fully.} Chelmsford

Place of Birth, Billerica

*Place of Death, Chelmsford

Name of Father, Benonin Spaulding

Birthplace of Father, Billerica

Maiden name of Mother, Sylvia Deeren

Birthplace of Mother, Carlisle

Place of Interment, (Give name of Cemetery), Chelmsford

Dated at Chelmsford

on December 11 1899

Signature and place of business of Undertaker. Walter Parker, Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Jacob Spaulding Age, 90 Y. 5 M. 15 D.

Place and Date of Death,‡ died at Chelmsford, Mass Dec, 11th 1899

Disease or Cause of Death,§ Senile Debility

Duration of sickness,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Edward H. Chamberlain, M. D.
Chelmsford, Mass

Date of Certificate, December 12th, 1899.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189 .

Filed, ..... 189 .

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it, together with the facts required by section 1, to the board of health or to the clerk of the city or town in which the death occurred.

Rec

FORM C.

114

# Commonwealth of Massachusetts.

No.....

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Elizabeth Kelley Sex, Female Color, Wh.

Date of Death, Dec 14 1899; Age, 82 Years, 2 Months, 26 Days.

Maiden Name, {If married, widowed or divorced.} Sheppard

Husband's Name, Daniel Kelley

Single, Married, Widowed or Divorced, Occupation, At home

*Residence, {If out of town, also state fully} Gorham st East Chelmsford

Place of Birth, Merrimac Mass

*Place of Death, East Chelmsford

Name of Father, Philip Sheppard

Birthplace of Father, Strafford Vt

Maiden Name of Mother, Martha Wing

Birthplace of Mother, Bradford Vt

Place of Interment, (Give name of Cemetery), Edson Cemetery Lowell

Dated at Lowell

on Dec 14 1899

Signature and place of business of Undertaker. J B Currier Lowell

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Elizabeth Kelley Age, 82 Y. 2 M. 26 D.

Place and Date of Death, died at East Chelmsford

Disease or Cause of Death,‡ Pneumonia

Duration of sickness, Three days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Clarence A. Vilas M. D.
107 Merrimack St

Date of Certificate Dec 15th 1899

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

Dr Niles

No.

# RETURN OF THE DEATH.

OF

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at .....

Date, ..... 1 .....

Filed, ..... 1 .....

**Acts of 1897, Chapter 444.**

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the [illegible]

Rec

115

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Rufus Francis Emerson Sex, M Color, W

Date of Death, December 16 1899 ; Age, 64 Years, 2 Months, 27 Days.

Maiden Name, {If married, widowed or divorced.}

Husband's Name,

Single, Married, Widowed or Divoreed, Married Occupation, Fruit Dealer

*Residenee, {If out of town, also state fully.} Chelmsford

Place of Birth, Chelmsford

*Place of Death, Chelmsford

Name of Father, Franklin Emerson

Birthplaee of Father, Chelmsford

Maiden name of Mother, Rebecca Adams Kittredge

Birthplaee of Mother,

Place of Interment, (Give name of Cemetery), Chelmsford Center

Dated at Chelmsford

on December 16 1899

Signature and place of bnsiness of Undertaker. Walter Perham, Chelmsford

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deeeased,† Rufus Francis Emerson Age, 64 Y. 2 M 27 D.

Place and Date of Death,‡ died at Chelmsford Dec. 16th 1899

Disease or Cause of Death,§ Paralysis.

Duration of sickness, Several months.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Amasa Howard M. D.
Chelmsford, Mass.

Date of Certificate, Dec. 17th 1899.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Seeondary Cause.

No. .....

# RETURN OF THE DEATH

OF

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at .....

Date, ..... 189 .

Filed, ..... 189 .

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

..... preliminary to the interment of a human body shall obtain the physician's

..... the board of

Rec

FORM C.

116

# Commonwealth of Massachusetts.

No.....

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Rosee Plante Sex, fe Color,

Date of Death, Dec 19 1899 Age, 25 Years, — Months, Days.

Maiden Name, {If married, widowed or divorced.} Rosei Paterande

Husband's Name, Joseph Plante

~~Single~~, Married, ~~Widowed or Divorced,~~ Occupation, Hous Keeper

*Residence, {If out of town, also state fully} North Chelmsford

Place of Birth, Canada

*Place of Death, North Chelmsford

Name of Father, Gasper Paterande

Birthplace of Father, Canada

Maiden Name of Mother, Octavie Thurbeau

Birthplace of Mother, Canada

Place of Interment, (Give name of Cemetery) St Joseph East Chelmsford

Dated at Lowell Signature and place of business of Undertaker. H Archambault

on Dec 19 1899 740 Merrimack Sou

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Rose Plante Age, 25 Y. M. D.

Place and Date of Death, died at North Chelmsford Dec 19 1899

Disease or Cause of Death,‡ Consumption

Duration of sickness, one year

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Farney M. D.
N. Chelmsford

Date of Certificate Dec 19th 1899

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH.

OF

.....

at .....

Date, ..... 1 .....

Filed, ..... 1 .....

**Acts of 1897, Chapter 444.**

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the fu[illegible]
shall obtain the phy[illegible]
quired by section [illegible]

Ret

FORM C.

117

# Commonwealth of Massachusetts.

No. .....

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Ronald E Brown Sex, White Color, Male

Date of Death, Dec 22nd 189 9; Age, 3 Years, 1 Months, ..... Days.

Maiden Name, {If married, widowed or divorced.} .....

Husband's Name, .....

Single, Married, Widowed or Divorced, ..... Occupation, .....

*Residence, {If out of town, also state fully} Chelmsford Mass

Place of Birth, Chelmsford

*Place of Death, Arthur P Brown Chelmsford

Name of Father, Arthur P Brown

Birthplace of Father, Pinesburgh, Vt

Maiden Name of Mother, Laura Whitcomb

Birthplace of Mother, Northfield Vt

Place of Interment, (Give name of Cemetery), Edson Cemetery Lowell

Dated at Lowell

on 22nd Dec 1899

Signature and place of business of Undertaker. J A Winbel
88 Middlesex

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Ronald Custis Brown Age, 3 Y. 1 M. D.

Place and Date of Death, died at Chelmsford, Mass.

Disease or Cause of Death,‡ General Tuberculosis,

Duration of sickness, Indefinite.

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. Arthur G. Scobosia, M. D.
Chelmsford, Mass.

Date of Certificate Dec. 23, 1899.

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No.....

# RETURN OF THE DEATH.

OF

.....

at .....

Date, ..... 1 .....

Filed, ..... 1 .....

**Acts of 1897, Chapter 444.**

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

SECTION 12. Any person having charge of the funeral rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section ... together with the facts required by section 1, to the board of health or to the clerk of the city or ... in which the death occurred.

Rel

118

FORM C.

# Commonwealth of Massachusetts.

No. .....

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Hannah H Butterfield Sex, F Color, W

Date of Death, Dec 17 1899; Age, 58 Years, 2 Months, 24 Days.

Maiden Name, {If married, widowed or divorced.} Keefer

Husband's Name, John H Butterfield

~~Single, Married,~~ Widowed or ~~Divorced,~~ Occupation, at Home

*Residence, {If out of town, also state fully} North Chelmsford Mass

Place of Birth, Alexandria NH

*Place of Death, North Chelmsford Mass

Name of Father, Solomon Keefer

Birthplace of Father, Grafton NH

Maiden Name of Mother, Abigail Keefer

Birthplace of Mother, Bristol NH

Place of Interment, (Give name of Cemetery), North Chelmsford Mass

Dated at Lowell

on Dec 18 99

Signature and place of business of Undertaker. J B Cuvillier Lowell Mass

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased† Hannah H Butterfield 58 Y. 2 M 24 D.

Place and Date of Death, died at North Chelmsford Mass

Disease or Cause of Death,‡ Cancer

Duration of sickness,

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F E Tarney M. D.
North Chelmsford

Date of Certificate Dec 18 1899

* Give also street and number, if any.
† Give sex of infant not named. If still-born, so state. If child died immediately after birth, so state.
‡ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH.

OF

.....

at .....

Date, ..... 1 .....

Filed, ..... 1 .....

**Acts of 1897, Chapter 444.**

[EXTRACTS FROM SECTIONS 6, 7, 8, 10, 11 AND 12.]

SECTION 6. Every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred.

SECTION 7. The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death.

SECTION 8. Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars.

SECTION 10. A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts.

SECTION 11. In case the deceased was a soldier who served in the war of the rebellion, give both the primary and the secondary or immediate cause of death as nearly as he can state the same. Penalty for refusal or neglect, ten dollars.

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quired by sec ... 1, t ... board of hea ... clerk of the city ... in which the death occ...

Rev

119

# Commonwealth of Massachusetts.

No.

## RETURN OF A DEATH.

To the Clerk of the City or Town in which the death occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Name, Ann Maria De Carteret Sex, F. Color, W.

Date of Death, Dec. 29th 1899; Age, 27 Years, 8 Months, Days.

Maiden Name, {If married, widowed or divorced.} Ann Maria Carre.

Husband's Name, Arthur De Carteret.

~~Single~~, Married, ~~Widowed or Divorced~~, M. Occupation, house keeper

*Residence, {If out of town, also state fully.} N. Chelmsford Mass.

Place of Birth, Island of Jersey {British Isles}

*Place of Death, N. Chelmsford Mass.

Name of Father, Peter Carre

Birthplace of Father, Jersey Island {B. I.}

Maiden name of Mother, Jane Brauger

Birthplace of Mother, Jersey Island {B. I.}

Place of Interment, (Give name of Cemetery), N. Chelmsford Cemetery

Dated at N. Chelmsford

on Dec 29th 1899

Signature and place of business of Undertaker. {John Harriel Jr. N. Chelmsford Mass.}

## PHYSICIAN'S CERTIFICATE.

Name and Age of Deceased,† Ann Maria DeCarteret. Age, 27 Y. 8 M. D.

Place and Date of Death,‡ died at North Chelmsford Dec 29th 1899

Disease or Cause of Death,§ typhoid fever

Duration of sickness, ten days

I certify that the above is true to the best of my knowledge and belief.

Signature and Residence of Certifying Physician. F. E. Varney M. D.
North Chelmsford

Date of Certificate, Dec 29 1899.

Give also street and number, if any.

† Or sex of infant not named. If still-born, so state. ‡ If child died immediately after birth, so state.

§ If a Soldier or Sailor in the War of the Rebellion, give both Primary and Secondary Cause.

No. .....

# RETURN OF THE DEATH

OF

.....

at .....

Date, ..... 189....

Filed, ..... 189....

The provisions of chapter 444 of the Acts of 1897 require that every householder in whose house a death occurs, the oldest person next of kin present at the time of the death of any of his kindred, or the person in charge of an institution in which a death occurs, shall, within five days after the date of such a death, give notice thereof to the board of health or to the clerk of the city or town in which the death occurred. (See section 6.)

The commanding officer of a vessel shall give notice of the death of any person under his charge to the board of health or to the clerk of the city or town within the Commonwealth at which his vessel first arrives after such death. (See section 7.)

Penalty for neglect to comply with the requirements of sections 6 and 7, five dollars. (See section 8.)

A physician who has attended a person during his last illness shall forthwith after the death of said person, upon request, furnish for registration a certificate setting forth the required facts. (See section 10.)

Penalty for refusal or neglect, ten dollars. (See section 11.)

Any person having charge of the funereal rites preliminary to the interment of a human body shall obtain the physician's certificate made in accordance with section 10, and return it [illegible] the facts required by [illegible] the board of health or to the clerk of the city or town in which [illegible] occurred.